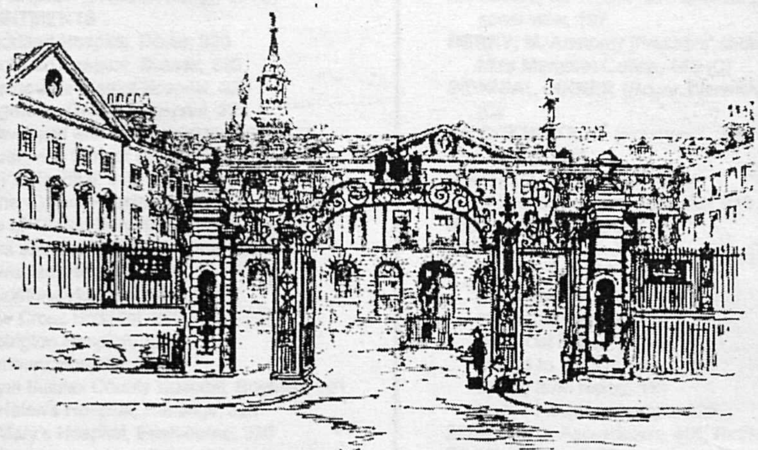
GUY'S
HOSPITAL
GAZETTE

100
1986

UMDS

Guy's Hospital Gazette

INDEX TO VOLUME 100



Guy's Hospital, Main Entrance.

1986

INDEX

C-Correspondence P-Passim R-Review

A

- **407 ART SHOW**, 193, 281
  - exhibition of watercolours by Hugh Kinder, 397
- **ADAMS, J.C.** *Outline of orthopaedics*. 9th ed, 450 (R)
- **ADINOLFI, M.** Flow cytometry and the Peter Gorer Unit, 433
- **ADRIAN STOKES MEMORIAL FELLOWSHIP**, 145
- **ALTERNATIVE MEDICINE** The BMA verdict, 208
- Anaesthetist's work (E. Dixon), 32 (C)
- **ANATOMY** (M. Berry), [Freshers' section], 334
  - adieu (M. Collins), 313 (C)
  - analysis and synthesis (R. Warwick), 299, 348
- **ANDERSON, D.J.** Sorry I'm late sir [Jack Hunt], 270 (C)
- **ANDREWS, S.** Sport: no time to win, 448 (C)
- Apathy anguish (Warwick Harty), 33 (C)
- **APPOINTMENTS**
  - Buckland Hospital, Dover, 320
  - Cuckfield Hospital, Sussex, 320
  - Eastbourne District Hospital, 320
  - Edgeware General Hospital, 320
  - Gravesend and North Kent Hospital, 320
  - Greenwich District Hospital, 320
  - Guy's Hospital, 319
  - Hither Green Hospital, 320
  - Isle of Thanet Hospital, Margate Wing, 321
  - Kent and Canterbury Hospital, 321
  - Lewisham Hospital, 320
  - Maidstone Hospital, 321
  - New Cross Hospital, 320
  - Orpington Hospital, 321
  - Pembury Hospital, 321
  - Royal Sussex County Hospital, Brighton, 321
  - St Helen's Hospital, Hastings, 321
  - St Mary's Hospital, Eastbourne, 320
  - William Harvey Hospital, Ashford, Kent, 321
- **APPRECIATION**
  - Beard, R.G., 329
  - Brink, T., 331
  - Cohen, S., 378
  - Hoare, R.D., 9
  - Hoskins, E.O.L., 287
  - Robinson, A.D., 8
  - Schurr, P.H., 6
- **ARMSTRONG, D.** Sociology [Freshers' section], 338
- **ARTHUR DURHAM TRAVELLING STUDENTSHIP**, 144
- **ASSOCIATION FOOTBALL CLUB**
  - 1st XI, 34
  - blues awards, 194
  - v. Imperial College, 34
  - v. St Mary's Hospital, 34
  - v. UCH, 173
- **ASTLEY COOPER STUDENTSHIP**, 143
- **ATHLETICS CLUB**
  - british universities athletics championships, 223
  - Univeristy of London intercollegiate championships, 222
  - university hospitals' championships, 410
  - Winter championships, 454

B

- **BARRY, Dr James "Miranda"** 1795-1865. 222
  - Inspector General of Hospitals Army Medical Department (R.C. Francis), 343
- **BASKETBALL CLUB**: Blues awards, 193
- **BASKETT, T.** *Essential management of obstetric emergencies*, 86 (R)
- **BEANEY SCHOLARSHIP IN MATERIA MEDICA**, 143
- **BEARD, R.G**: Appreciation, 329
- **BEECHING, B**: Awarded Diploma in Dental Radiology - without exam, 29
- **BEESLEY, M.** Health care in Nicaragua, a personal view, 197
- **BERRY, M.** Anatomy [Freshers' section], 334
  - Miss Margaret Collins, 168 (C)
- **BIENNIAL DINNER** (Roger Warwick), 387, 449 (C)
- **BIOCHEMISTRY** [Freshers' section] (A.T. Diplock), 337
- **BIRTH**, 227, 275
- **BLEACH, E.** Credited accounts, 219 (C)
- **BLUES AWARDS**, 193
- **BOAT CLUB**
  - Autumn term, 40
  - blues awards, 193, 194
  - captain's report, 452
  - new boat house, 281
  - Oxford to London record, 56
  - Spring term report, 181
  - United Hospitals bumps, 220
- **BOMPAS, D**: Appreciation, 425, Retirement, 375
- **BORE, Cedric**, 3 (P)
- **BORE REPORT**, 32, 82, 95 (P), 121, 165, 445
- **BRADLEY, D.** *Accident and emergency nursing*. 2nd ed, 123 (R)
- **BRIDGE CLUB**, 98
- **BRINK, T**: Appreciation, 331
- **BROOK, S.S.** The contribution of Guy's and St. Thomas's Hospitals to the introduction of western medicine to China, 24, 217 (C)
- **BROWN, C.B.** Jimmy Goodliffe, 448 (C)
- **BULL, P.D.** *Lecture notes on diseases of the ear, nose and throat*. 6th ed, 167 (R)
- **BULLEID, K.G. (nee Cook)**: Obituary, 423
- **BUPA MEDICAL FOUNDATION. DOCTOR OF THE YEAR AWARDS**, 98
- **BURTON, J.L.** *Essentials of dermatology*. 2nd ed, 125 (R)
- **BYATT, C.M.** Guy's Music Group - Easter concert, 158

C

CHANTLER, C. State of the hospital, 168 (C)

CANCER RESEARCH BEQUEST, J *Goodliffe*, 280

Cardiac arrest in Fiji and other highlights of a rugby tour to Sydney, Fiji and Tokyo (Lloyd Denmark), 315

CAROLYN WARWICK STUDENTSHIP, 143

CAWSON, R.A. and **SPECTOR, R.G.** *Clinical pharmacology in dentistry*. 4th ed, 213 (R)

CHANGES OF ADDRESS, 137, 227, 321, 367, 459

CHANNELL, S.R. *Manual for I.V. therapy procedures*. 2nd ed, 86 (R)

CHAPMAN, Mr: Prize placental paper, 98

CHENG, G. Inaccurate presidency, 217 (C)

CHILDS, A: Commonwealth Games result, 326

CLARK, T.J.H. Introduction by the Deans [Freshers' *section*], 333

CLINICAL MEDICINE (John Rees) [Freshers' section], 335

CLUBS' UNION

- bar opening at lunchtime, proposal, 101
- blue's committee awards, 193, 457
- Bompas, D., 428
- charities week, 56, 419
- cricket sweaters, 363 (C)
- freshers' "parents" system, 332
- jass nights, 429
- medical students societies conference, 148, 390
- National Student Services Organisation, 101
- self defence, 454
- shop, 376, 421
- *Snowflake ball*, 429
- sport, 271, no time to win, 448 (C)
- staff, 11, 56
- *Summer festival*, 148, 235, 271
- U.M.D.S. ties, [photograph], 283
- University of London laurels awards, 148

COCKROACH: in one ear and out the other (Rentokil), 217 (C)

COHEN, S. Appreciation, 378

COLLINS, M. Anatomy adieu, 313 (C)

COLLINS, M: Retirement, 168 (C)

COLLISON, M.N. Rugby club recruitment, 405 (C)

Community paediatrics - report on an elective (Kim Robbins), 255

Consultant nurses (R.A.C. Hughes), 33 (C)

The contribution of Guy's and St Thomas's Hospitals to the introduction of western medicine to China (Simon S. Brook), 24

COOPER, D.K.C. C. Louis Leipoldt, 269 (C)

COOPER, D.K.C. Sports scholarships, 446 (C) and **LANZA, R.P.** *Heart transplantation*, 450 (R)

CRICKET CLUB

- cricket sweaters, 363 (C)
- fixtures, 99, 132
- mid-season averages, 220
- *Past v. Present*, 142
- United Hospitals Cup, 219
- University of London Cup, 219
- v. Carnegie, 219
- v. Dulwich, 220
- v. King's College Hospital, 219
- v. London Hospital, 219
- v. Queen College Oxford, 220
- v. Rowan, 219
- v. St Bartholomew's, Hospital, 219
- v. St Mary's Hospital, 219
- v. Stoics, 219
- v. Temple Sheen, 219

CUCKOO, The first, 217 (c)

CUFFIN, S. Accommodation, 217 (C)

D

DEATHS, 45, 137, 227, 275, 321, 413, 459

DENMARK, L. Cardiac arrest in Fiji and other highlights of a rugby tour to Sydney, Fiji and *Tokyo*, 315

DENT, T. Why Guy's needs a medical education committee, 389

DENTAL HOUSE SURGEONS REVUE (R.V. Leeburn), 79

DENTAL NOTES, 29, 75, 120, 162, 210, 261, 307

DENTAL TRAVELLING SCHOLARSHIP, 75

Dentistry - an alternative philosophy (D. Young), 305

Desperately seeking BDS - the final year revue, 20 (R)

DIETETICS DEPARTMENT: students accepted for practical training in nutrition and dietetics, 91

DINWOODIE, M. Motorcycling through the Andes *- a different way to spend your Summer*, 438

DIPLOCK, A.T. Biochemistry [Freshers' section], 337

DIXON, E. Anaesthetists work, 32 (C)

The theatre nurse and the law, 124 (R)

DR JAMES LEIGHTON HOPKINS TRAVELLING SCHOLARSHIP, 144

Dr James "Miranda" Barry 1795-1865 Inspector General of Hospitals Army Medical Department (R.C. Francis), 343

DOWNIE, P.A. (ed) *Cash's textbook of neurology for physiotherapists*. 4th ed, 266 (R)

DURHAM, Arthur, **TRAVELLING STUDENTSHIP**, 144

E

East (Interhospital Drama Group), 118

EDWARDS, D. and **REDMOND, A.** *Collapse, what to do whilst waiting for the ambulance* [video], 123 (R)

EDWARDS, J: Awarded University of London laurel, 148

INDEX

- **EPSTEIN, R.J.** *Medicine for examinations. A streamlned approach to revision*, 408 (R)
- Essay on the life of *Sir* William Gull (James Pitt-Payne), 57
- European challenge - Sarah Stolz lecture (Otto von Habsburg), 103

F

- **FARMERY, A.D.** Medical student societies conference, 390
- **FAWCETT, M.J.** Jimmy Goodlife, 449 (C)
- **FELLOWSHIPS**
  - Adrian Stokes memorial fellowship, 145
  - Sir Alfred Fripp memorial fellowship, 144
- **FINAL YEAR REVUE** *Desperately seeking BDS*, 20 (R)
- **FLAXMAN, J.** Health under apartheid, 109, 270 (C)
- Flow cytometry and the Peter Gorer Unit (Matteo Adinolfi), 433
- **FORREST, A.P.M., CARTER, D.C.** and **MACLEOD, I.B.** *Principles and practice of surgery*, 83 (R), 266 (R)
- **FRANCIS LETT SCHOLARSHIP**, 145
- **FRANCIS, R.C.** Dr James "Miranda" Barry 1795-1865 Inspector General of Hospitals Army Medical Department, 343
- **FRESHERS'**
  - inside-out, 325 (P)
  - section, 333
  - week programme, 328
- **FRIENDS OF GUY'S HOSPITAL**
  - biennial fair, 98, 142, 280
  - Christmas stall, 375
- **FRIPP**, *Sir* Alfred, **MEMORIAL FELLOWSHIP**, 144

G

- **GIBSON, T.** Sports scholarships, 405 (C)
- **GODBER, K.** Operations of a different nature [Operation Raleigh], 296, 401
- **GOLF CLUB**, 189, MacDonald Cup, 234
- **GOODE, A.W., HOWARD, J.P.** and **WOODS, S.** *Clinical nutrition and dietetics for nurses*, 125 (R), 215 (R)
- **GOODLIFFE, "Jimmy" L.H.S:** Obituary, 285 (Roger Warwick), 406 (C), (C.B. Brown), 448 (C), (M.J. Fawcett), 449 (C)
  - Canceer research bequest, 280
- **GOULDING, Dr.** Transcript of the address at the memorial service for Professor C.K. Simpson, 66
- **GOWER, D.B:** Professor of Steroid Biochemistry, 419
- **GRAY'S ANATOMY:** The Fison Lecture - a transcript, (R. Warwick), 245
- **GREVILLE STUDENTSHIP**, 144
- **GULL,** ***Sir*** **William:** An essay on the life of (James Pitt-Payne), 57, 151
- **GULL STUDENTSHIP IN PATHOLOGY**, 144
- **GUY, Thomas:**
  - Birth place - Plaque unveiled, 96, 149
  - home and bookshop, 375
- **GUY'S HOSPITAL**
  - B'll fix it, 307
  - cardiology research donation, 282, 313 (C)
  - contribution to the introduction of western medicine to China, 24
  - dental hospital administration, 162
  - dental house surgeons, 307
  - dilapidated appearance, 168 (C)
  - legionella in the dental hospital, 29
  - lift problems, 187 (P), 233 (P), 271 (C), 313 (C)
  - obstetric retrospect, 289, 351
  - transfer of orthopaedics from New Cross to Guy's, 115
- **GUY'S HOSPITAL DENTAL SCHOOL** *See* **UMDS - DENTAL**
- **GUY'S HOSPITAL DENTAL SOCIETY**
  - AGM, 262
  - annual dental ball, 163
  - British Dental Students Association conference, 163
  - committee - student members, 30, 263
  - elective awards, winners, 263
  - gateway to practice, 30, 121
  - John Willis memorial elective, 77
  - meetings, 5,30, 162, 262
  - new post of president elect, 121
- **GUY'S HOSPITAL GAZETTE**
  - apology for delay in May issue, 187 (P)
  - Christmas raffle, 421
  - convergence of current research topics at Guy's, 234 (P)
  - defective copies, 422
  - editorial resignations, 97
  - journal of record, 87 (C)
  - manager resignation, 142
  - new committee, 97
  - raffle winners, 5
  - role of the gazette, 49
  - staff changes 422, vacancies, 97
  - voice of the hospital? 141 (P)
- **GUY'S HOSPITAL MEDICAL SCHOOL** *See* **UMDS - MEDICAL**
- **GUY'S HOSPITAL SOCIETY:** 422
  - 1971 graduate dinner, 188
  - Bournemouth and Wessex, 326
  - NMR at Guy's, 381, 371 (P)
  - South Wales, 3, 188
- **GUY'S KIDNEY PATIENT ASSOCIATION.** London marathon sponshorship, 419
- **GUYOSCOPE:** types of medical student 1. the first year's man, 341

H

- **HALL, M.** Medical problems in the third world with

    reference to an elective in Zambia, part 1, 201, part 2, 239
HARLEY, H.N.W. Guy's in the twenties, 257, 363 (C)
    health under apartheid, 270 (C), 362 (C)
HARMER, M. Heartfelt gratitude, 282, 313 (C)
HARRIS, W. Dentistry - an alternative philosophy (D. Young), 305
HARTY, W. Apathy anguish, 33 (C)
HAWKER, M. *The older patient and the role of the physiotherapist*, 86 (R)
HEALD, R.J. *Political passion, 446 (P)*
Health care in Nicaragua, a personal view (M. Beesley), 197
Health under apartheid (Issues in Health Group), 109, 270 (C), 362 (C)
HERGAR, S. Neuroanatomy, 127 (C)
HICKS, B. *Salmonella and the houseman's ball*, 12 (R)
HOARE, R.D: Appreciation, 9
HOCKEY CLUB, 88, 409
    United Hospitals Cup, 131
    ladies club
        1st XI, 129
        blues awards, 194
    Spirochaetes "gone too soon tour", 180
    v. Charing Cross and Westminster, 131
    v. Imperial College, 410
    v. R.V.C., 409
    v. St Thomas', 409
    v. Woodstock, 452
HOOPER, G. *Colour aids to orthopaedics*, 450 (R)
HOPKINS, Dr James **Leighton, TRAVELLING SCHOLARSHIP**, 144
HOSKINS, E.O.L: Appreciation, 287
HOSPITAL INFORMATION, 41, 91, 135, 183, 225, 273, 319, 365, 413, 457
HOUGHTON, M.E. (nee Broughton): Obituary, 377
HUGHES, R.A.C. Consultant nurses, 33 (C)
HUNT, J.N: Obituary, 147, 270 (C)

I

INNES, A.J. and **GATES, N.** *ENT surgery and disorders: with notes on nursing care and clinical management*, 216 (R)
INTERHOSPITAL DRAMA GROUP: *East*, 118
Introduction by the deans [Freshers' section] (T.J.H. Clark), 333, (A.H.R. Rowe), 334
Introduction to the Sarah Stolz lecture (H. Winsley-Stolz), 15
ISLER, C. *Isler's pocket dictionary: a guide to disorders and diagnostic tests, procedures, terms*. 2nd ed, 125 (R)
ISSUES IN HEALTH
    benefit for the Nicaragua health fund, 421
    health under apartheid, 109
    let's play doctors and nurses: sexual politics on the wards, 108
    meetings, 4
    nhs cuts: how they affect you, 107
    Wendy Savage case: obstetrics on trial, 109

J

JOHN WILLIS MEMORIAL ELECTIVE, 77
JOHNSON, I. *MCQ's in undergraduate obstetrics and gynaecology*, 215 (R)
JONES, D: Appointed Consultant Surgery in the Armed Services, 234
JONES, J.B. Black and white comments, 362 (C)

K

KEEN, J.A. Health under apartheid, 362 (C)
KINDER, H. Exhibition of watercolours, 397

L

LAMBRINUDI MEMORIAL SCHOLASHIP, 145
LARGE, B.J. and **HUGHES, I.E.** *Learning pharmacology through MCQ*, 216 (R)
Learning the hard way, 187 (P)
LEEBURN, R.V. Dental house surgeons revue, 79
LEIPOLDT, C. LOUIS (D.K.C. Cooper), 269 (C)
Let's play *doctors and nurses: sexual politics on the wards* [Issues in Health Group], 108
LETT, Francis, **SCHOLARSHIP**, 145
Letter from America (M. Lewis), 362 (C)
LEWIS, M. Letter from America, 362 (C)
LEWIS, R.R. Old age musicals, 295
LISTER, J. NHS cuts: how they affect you, 107
LONDON BRIDGE HOSPITAL (Mole Report), 159
LUMLEY, J.S.P. *Surgical MCQ's*. 2nd ed, 125 (R)
LORD BROCK MEMORIAL TRUST: St Thomas's and Guy's historical essay prize, 281
LYON, D.J. Guy's in the thirties, 71

M

McBRYDE, B. *Quiet heroines: nurses of the Second World War*, 124 (R)
McCOLL, I: Re-elected as American College of Surgeons Governer for England, 51
MacDonald Cup, 234
MACDONALD, I.
    physiology [Freshers' section], 337
    research in the physiology department, 442
MacKECHNIE-JARVIS, A. Transfer of orthopaedics from New Cross to Guy's, 115
MAILE, W.B.D. Balanced intake, 33 (C)
MABERLEY, M.L. Compound farce, 406 (C)
MAISEY, M. Nuclear magnetic resonance at

Guy's, 382, 371 (P), 446 (C)
MANN, A.C.M. Pills, potions and patients, 61
MARRIAGE, 275, 321
MARTIAL ARTS CLUB, 191
MASTERMAN, G.F. Request *for information* (J.T.N. Williams), 169 (C)
MAYNARD, N: Awarded British Paediatric Association's student prize, 142
MEDICAL EDUCATION
  a blinkered existence? 279 (P)
  difficulties faced by the University of London's medical schools, 64
MEDICAL EDUCATION COMMITTEE: Why Guy's needs one (T. Dent), 389
Medical problems in the third world with reference to an elective in Zambia, part 2 (Marcia Hall), 239
Medical student societies conference (A.D. Farmery), 390
MICHELET, 207
  alternative medicine - the BMA verdict, 208
  cutting remarks - media coverage of medically related topics, 253
  Margaret Thatcher and the NHS, 207
  moonlighting, 209
MICROBIOLOGY on the Guy's campus [Research at Guy's], 346
MILLER, M. and **MILLER, J.** *Orthopaedics and accidents*, 84 (R)
MILLSTONE, E. *Food additives. Taking the lid off what we usually eat*, 311 (R)
MOLE REPORT, 28, 360
  London Bridge Hospital, 159
MONTEFIORE, D.G., ALAUSA, K.O. and **TOMORI, O.** *Tropical microbiology*, 85 (R)
Moonlighting, 209
Motorcycling through the Andes - different way to *spend your Summer* (Mark Dinwoodie), 438
MOUNTAINEERING CLUB
  Cairngorms new year trip, 36
  extracts from a typical weekend in Winter, 132
  the Matterhorn - a personal view, 456
  recent events, 88
  start of a golden era? [base in Snowdonia], 111
  Summer trip to the Bernina Alps, 363
  trip to Chamonix/Zermatt, 456
MUSIC CLUB
  Christmas concert, 420
  Easter concert, 158

N

NATIONAL FORMULARY (A.C.M. Mann), 61
NHS cuts: how they affect you [Issues in Health Group], 107
NATIONAL HEALTH SERVICE, 3 (P)
NEW CROSS HOSPITAL
  closure of acute medical wards, 375
  Transfer of orthopaedics from New Cross to Guy's (Andrew MacNecknie-Jarvis), 115
NEWLAND PEDLEY TRAVELLING SCHOLARSHIP, 75
NEWMAN, P.J. Cricket sweaters, 363 (C)
NICARAGUA, health care, a personal view (M. Beesley), 197
Not wiser but older - on being a mature student (Mark Slade), 393
Nuclear magnetic resonance at Guy's (Michael Maisey), 381, 371 (P), 446 (P)
NURSES AND NURSING: New techniques in wound care, 210

O

OBITUARIES
  Bulleid, Kate Gertrude (nee Cook), 423
  Goodliffe, Leonard Harry Scott (Jimmy), 285
  Houghton, Margaret E. (nee Broughton), 377
  Hunt, J.N., 147, 270 (C)
  Rogers, Alfred Talbot, 51
  Stuart, John Spencer, 55
OBSTETRIC RETROSPECT- a very personal recollection (Hujohn Ripman), 289, 351
Obstetrics on trial: the Wendy Savage case (Issues in Health Group), 109
OPERATION RALEIGH (K. Godber), 296, 401
OSBORNE, D. NHS cuts: *how they affect you*, 107

P

PAPERS BY GUY'S PEOPLE, 43, 91, 135, 183, 225, 273, 319, 367, 413, 458
PAPPWORTH, M.H. *Passing medical examinations*. 2nd ed, 267 (R)
PARACHUTE CLUB
  2nd annual University of Surrey parachute competition, 180
  accepted as registered display team, 56
  Brothers at Arms' display team, 50
PARSONS, E: Awarded University of London laurel, 148
PASS LISTS
  Royal College of Physicians
    LRCP, 41, 458
    MRCS, 41, 458
  Royal College of Radiologists: Diploma in dental radiology, 29
  University of Cambridge, 458
  University of London
    MBBS, 41, 457
    BDS, 458
PASSIM, 3, 49, 95, 141, 187, 233, 279, 325, 371, 417
PEDLEY, Newland, **TRAVELLING SCHOLARSHIP**, 75
PERSONAL, 137, 183, 227, 275, 321, 367, 459
PHARMACOLOGY DEPARTMENT [Freshers' section] (R. Spector), 339
  research at Guy's, 297

- **PHILPOTT, T.** *The virgin years of television* [Quodlibet Society], 431 (R)
- **PHOTOGRAPHS**
  - anonymous, 23, 37, 38
    - *Boat club, past members*, 454
    - Bore report, 122
    - *Hockey club*, 175, 178
    - Mountaineering club, 113
    - NMR Centre *opening*, 382, 383
    - Parachute club, 180
    - *Rugby club*, 131, 170, 171, 172
    - Swimming club, 455
    - *Ski club*, 134
    - Theatre club, 190, 195, 196, 399, 400
  - *Alderson*, D., 412
  - Argles, Simon, 418
  - *Astbury, Ann*, 130
  - Barry, Cressida, 130
  - *Bellringer*, J., 412
  - Binns, *Sister*, 282
  - *Bompas, Donald George*, 425
  - Boulton, D., 412
  - *Boyce, John*, 455
  - Boyd, E., 282
  - Bradley, Diana, 130
  - Brenchley, Zena, 130
  - Brink, Thomas, 331
  - Bunkhall, Sarah, 455
  - *Chesterfield*, Kim, 130
  - Christian, Jo, 455
  - *Clark, T.J.H.*, 104
  - Clark, Tim, 418
  - Evans, *Alison*, 455
  - Gautama, S., 412
  - *Greatorex, C.*, 282
  - Gull, William, 152
  - Hall, Marcia, 97
  - Hamilton, Susan, 130
  - Harmer, Mr & Mrs M., 282
  - Harris, *Lady*, 383
  - Harris, *Sister*, 116
  - Harvey, Jo, 455
  - Hoare, *Richard David*, 10
  - Holden, Carlie, 130
  - Holt, P., 282
  - Houghton, Margaret E. (nee Broughton), 377
  - Houston, J.C., 104
  - Hughes, Paul, 455
  - Hunt, J.N., 148
  - Jones, Helen, 455
  - Lambert, Sarah, 130
  - Latimer, John, 97
  - Lipson, L., 282
  - Lewis, Christopher, 189
  - Lewis, E.G., 188, 189
  - Lewis, Robert, 189
  - McColl, I., 189
  - Mackeith, R., 412
  - Mansie, Mr., 453
  - Montgomery, Nicola, 130
  - Packer, *Sister*, 116
  - *Paddon, A.*, 412
  - Palmer, James, 455
  - Pearce, Claire, 130
  - Pilcher, K., 412
  - *Pollock, Sheena*, 455
  - Porter, Leonard, 420
  - *Quinn, J.*, 412
  - Rendall, M., 282
  - Rich, B., 412
  - Robinson, A.D., 8
  - *Schurr*, P.H., 6
  - Skailes, Gerry, 100
  - *Skelton, Vanessa*, 130
  - Slade, A., 412
  - *Sowton*, E., 282
  - Stone, Coral, 455
  - *Sturdy, Eric*, 188, 189
  - Thatcher, Margaret, PM, 371, 372, 373
  - van den Berg, J., 189
  - Vaughan, Gerard, 104
  - von Habsburg, O., 104
  - Wild, Anthony, 455
  - *Winsley-Stolz*, H., 104
  - Winter, Hilary, 455
- **PHYSIOLOGY DEPARTMENT** [Freshers' section] (I. Macdonald), 337
  - research at Guy's, 442
- **PHYSIOTHERAPISTS AND PHYSIOTHERAPY**
  - annual charity ball, 143, 375
  - customer satisfaction questionnaire, 164
  - examination successes, 359
  - higher and further education courses, 309
  - job hunting, 119
  - manpower requirements and training, 81, 404
  - patient communication, 265
  - recruitment, 443
  - teacher training, 31
  - techniques rediscovered? 211
- **PIANO RECEITALS:** Old age musicals (R.R. Lewis), 295
- **PITT-PAYNE, J.** An essay on the life of *Sir* William Gull, 57, 151
- Pills, potions and patients (A.C.M. Mann), 61
- **PORTER, L.** Gift to the Wills Library to commemorate 25 years of care at Guy's, 420
- Prime minister's opening of the NMR centre, 371 (P)
- **PSYCHOLOGY** [Freshers' section] (J. Weinman), 338
- **PURSSELL, N.** Medical student selection procedures, 233 (P), 237

Q

- **QUODLIBET SOCIETY:** *The virgin years of television*, 431 (R)

R

READ, M.D. and **MELLOR, S.** *Obstetrics in outline*, 84 (R)
REEKIE, I. Sports scholarships, 447 (C)
REES, J. Clinical medicine [Freshers' section], 335
RENTOKIL: in one ear and out the other [cockroach], 217 (C)
RESEARCH AT GUY'S
  microbiology, 346
  pharmacology, 297
  physiology, 442
REVIEWS
  Adams, J.C. *Outline of orthopaedics*. 9th ed, 450 (R)
  Baskett, T. *Essential management of obstetric emergencies*, 86 (R)
  Bradley, D. *Accident and emergency nursing*. 2nd ed., 123 (R)
  Bull, P.D. *Lecture notes on diseases of the ear, nose and throat*, 6th ed. 167 (R)
  Burton, J.L. *Essentials of dermatology*, 2nd ed, 125 (R)
  Cawson, R.A. *and* Spector, R.G. *Clinical pharmacology in dentistry*. 4th ed, 213 (R)
  Channell, S.R. *Management for I.V. therapy procedures*. 2nd ed, 86 (R)
  Cooper, D.K.C. *and* Lanza, R.P. *Heart transplantation*, 450 (R)
  Dixon, E. *The theatre nurse and the law*, 124 (R)
  Downie, P.A. (ed) *Cash's textbook of neurology for physiotherapists*. 4th ed, 266 (R)
  Edwards, D. *and* Redmond, A. *Collapse, what to do whilst waiting for the ambulance* [video], 123 (R)
  Epstein, R.J. *Medicine for examinations. A streamlined approach to revision*, 408 (R)
  Forrest, A.P.M., Carter, D.C. *and* Macleod, I.B. *Principles and practice of surgery*, 83 (R), 266 (R)
  Goode, A.W., Howard, J.P. *and* Woods, S. *Clinical nutrition and dietetics for nurses*, 125 (R)
  Hawker, M. *The older patient and the role of the physiotherapist*, 86 (R)
  Hooper, G. *Colour aids to orthopaedics*, 450 (R)
  Hoskins, J. *and* Welchew, E. *Post-operative pain: understanding its nature and how to treat it*, 215 (R)
  Innes, A.J. *and* Gates, N. *ENT surgery and disorders: with notes on nursing care and clinical management*, 216 (R)
  Isler, C. *Isler's pocket dictionary: a guide to disorders and diagnostic tests, procedures, terms*, 2nd ed, 125 (R)
  Johnson, I. *MCQ's in undergraduate obstetrics and gynaecology*, 215 (R)
  Large, B.J. *and* Hughes, I.E. *Learning pharmacology through MCQ*, 216 (R)
  Lumley, J.S.P. *Surgical MCQ's*. 2nd ed, 125 (R)
  McBryde, B. *Quiet heroines: nurses of the Second World War*, 124 (R)
  Miller, M. *and* Miller, J. *Orthopaedics and accidents*, 84 (R)
  Millstone, E. *Food additives, taking the lid off what we usually eat*, 311 (R)
  Montefiore, D.G., Alausa, K.O. *and* Tomori, O. *Tropical microbiology*, 85 (R)
  Pappworth, M.H. *Passing medical examinations*. 2nd ed, 267 (R)
  Read, M.D. *and* Mellor, S. *Obstetrics in outline*, 84 (R)
  Roitt, I., Brostoff, J. *and* Male, D. *Immunology*, 167 (R)
  Ross-Russell, R.W. *and* Wiles, C.M. *Neurology*, 124 (R)
  Samson, C. *The neglected ethic*, 87 (R), 268 (R)
  Shipman, J.J. *Mnemonics and tactics in surgery and medicine*. 2nd ed, 84 (R)
  Simpson, P.S. *and* Goodman, N.W. *600 MCQ's in anaesthesia: basic sciences*, 168 (R)
  Storrs, A.M.F. *Geriatric nursing*. 3rd ed, 213 (R)
  Tunnadine, P. *The making of love*, 310 (R)
  Walmsley, R.N. *and* White, G.H. *Pocket diagnostics clinical chemistry*, 85 (R)
  Wheater, P.R. *et al. Basic histopathology*, 310 (R)
  Williams, E. *Ladies without lamps*, 126 (R)
RICHARDS, G. Political passim, 446 (C)
RICHARDSON, D: Appointed Consultant in General Surgery in the Armed Services, 234
RIFLE CLUB, 225
  blues awards, 194
  United Hospitals Cup, 410
RIPMAN, H.
  Obstetric retrospective - a very personal recollection, 289, 351
  Premature amnesia [Sarah Stolz lecture introduction], 127 (C), 270 (C)
ROBBINS, K. Community paediatrics - report on an elective, 255
ROBINSON, A.A: Retirement, 262, fond farewell, 363 (C)
ROBINSON, A.D: Appreciation, 8
ROGERS, A.T: Obituary, 51
ROITT, I., BROSTOFF, J. and **MALE, D.** *Immunology*, 167 (R)
ROSS-RUSSELL, R.W. and **WILES, C.M.** *Neurology*, 124 (R)
ROWE, A.H.R. Clinical day generosity, 127 (C)
  compound farce, 406 (C)
  introduction by the deans [Freshers' section], 334
ROWLANDS, B.J: Appointed professor of surgery and head of department of surgery at

- the Queen's University of Belfast, 419
- **ROYAL COLLEGE OF PHYSICIANS**
  - pass lists
    - LRCP, 41, 458
    - MRCS, 41, 458
- **ROYAL COLLEGE OF RADIOLOGISTS:** Diploma in dental radiology, 29
- **RUGBY CLUB**
  - 1st XV, 35, 223
  - Dentists vs Medics, 224
  - Easter tour report, 169,
  - fixtures, 326
  - Guy's medics v. Guy's dentists, 451
  - Gutteridge Cup, 451
  - Hospitals' Cup, 36, 131
  - May ball, 50
  - Past v. Present, 224
  - recruitment, 405 (C)
  - sports scholarships, 361 (C), 405 (C), 446 (C), 447 (C)
  - tour to Sydney, Fiji and Tokyo, 315
  - yuletide tour, 89
  - v. Askeans, 451
  - v. Barts, 451
  - v. Blackhealth, 409
  - v. Cambridge University, 130
  - v. Cinderford, 451
  - v. Coventry, 130
  - v. Esher, 36
  - v. Harlequins U21, 451
  - v. Harlow, 408
  - v. Nuneaton, 409
  - v. O.M.T., 452
  - v. Old Actonians, 36
  - v. Old Cranleighans, 35
  - v. Old Dunstonians, 451
  - v. Old Mill Hillians, 36
  - v. Osterley, 451
  - v. St Mary's, 131
  - v. Sidcup, 36
  - v. Streatham & Croydon, 130
  - v. Southend, 408
  - v. Thames Poly, 91
  - v. UCH & Middlesex, 56, 131
  - v. U.S. Portsmouth, 409
- **RUPARELIA, Mr:** Prize placental paper, 98

S

- **SAILING CLUB**, 317
- **ST THOMAS'S AND GUY'S HISTORICAL ESSAY PRIZE**, 281
- *Salmonella and the houseman's ball* (Brendan Hicks), 12 (R)
- **SALVAGE, J.** Let's play doctors and nurses: sexual politics on the wards, 108
- **SAMPSON, C.** *The neglected ethic*, 87 (R), 268 (R)
- **SARAH STOLZ LECTURE**, 4
  - European challenge, 103
  - introduction to (H. Winsley-Stolz), 15, 127 (C)
- **SAVAGE**, Wendy, **CASE**: Obstetrics on trial (Issues in Health Group), 109
- **SCHOLARSHIPS AND STUDENTSHIPS**, 143
  - Arthur Durham travelling studentship, 144
  - Astley Cooper studentship, 143
  - Beaney scholarship in materia medica, 143
  - Carolyn Warwick studentship, 143
  - Dental travelling scholarship, 75
  - Dr James Leighton Hopkins travelling scholarship, 144
  - Francis Lett scholarship, 145
  - Greville studentship, 144
  - Gull studentship in pathology, 144
  - John Willis memorial elective, 77
  - Lamrinudi memorial scholarship, 145
  - Newland Pedley travelling scholarship, 75
- **SCHURR, P.H:** Appreciation, 6
- **SELF DEFENCE COURSE**, 454
- **SELMAN, A.C.** Contagious liftitis, 271 (C)
- Sexual politics on the wards (Issues in Health Group), 108
- **SHIPMAN, J.J.** *Mnemonics and tactics in surgery and medicine.* 2nd ed, 84 (R)
- **SICHEL, G.** How's your father? 406 (C)
- **SIMMONDS, K.** The Wendy Savage Case: obstetrics on trial, 109
- **SIMPSON, C.K:** Transcript of the address at the memorial service, 66
- **SIMPSON, P.S.** and **GOODMAN, N.W.** *600 MCQ's in anaesthesia: basic sciences*, 168 (R)
- **SIR ALFRED FRIPP MEMORIAL FELLOWSHIP**, 144
- **SKI CLUB:** Trip to Tignes, 134
- **SLADE, M.**
  - not wiser but older, on being a mature student, 393
  - the virgin years of television (Trevor Philpott) [Quodlibet Society], 431 (R)
- **SOCIOLOGY** (D. Armstrong) [Freshers' section], 338
- **SOUL, J:** Appointed Consultant in General Surgery in the Armed Services, 234
- **SOUTHAM, K.S.** Mutch of Hutchness, 363 (C)
- **SPECTOR, R.**
  - Pharmacology [Freshers' section], 339
  - research in the pharmacology department, 297
- **SPORT:** No time to win (Stephen Andrews), 448 (C)
- Sporting times [inflam], 88 (C)
- Sports scholarships (R.G. Walton), 361 (C), 405 (C), 446 (C), 447 (C)
- **SQUASH CLUB:** report, 272
- **STEWART, K.** One-track misfits? 447 (C)
- **STOKES**, Adrian, **MEMORIAL FELLOWSHIP**, 145
- **STOLZ**, Sarah, **LECTURE**, 4
  - Introduction to (H. Winsley-Stolz), 15, 127 (C)
- **STORRS, A.M.F.** *Geriatric nursing.* 3rd ed, 213

(R)

STUART, J.S: Obituary, 55

Student accommodation (S. Cuffin), 217 (C)

Student clones, 233 (P)

Student intake, 33 (C), dental, 366, medical 365

SWIMMING CLUB: Nurses' Inter-Hospitals Swimming Gala, 455

T

TENNIS CLUB, 412

THATCHER, Margaret, and the NHS, 207, 373 (P), 446 (C)

THEATRE CLUB
- *East*, 118
- *Grease*, 195
- *Salmonella and the houseman's ball*, 12 (R)
- tenth annual interhospital revue, 437
- *Threepenny opera*, 398
  - fourthcoming production, 142
- *Underwater rainbow* a periscopic view, 71

THIRD WORLD medical problems with reference to an elective in Zambia (M. Hall), 201

Threepenny opera [Theatre Club], 398

TOMKINSON, J.S: Awarded medal of the Polish nation for aid and co-operation in medicine, 51
- Copernicus Medal, 51
- honorary membership of the Polish Gynaecological Society, 51

TRAVELLING, dental, **SCHOLARSHIP**, 75

TULLEY, W.J. Biennial dinner, 449 (C)

TUNNADINE, P. *The making of love*, 310 (R)

TYPES OF MEDICAL STUDENT [Guyoscope]
- 1. the first year's man, 341

U

UMDS - DENTAL
- *See also* **GUY'S HOSPITAL DENTAL SOCIETY**
- annual dinner, 96
- annual clinical day, 120
- Carolyn Warwick studentship, 142
- clinical day generosity, 127 (C)
- compound farce, 325 (P), 406 (C)
- dental travelling scholarship, 75
- *desperately seeking BDS* final year revue, 20 (R)
- electives, 261
- Newland Pedley travelling scholarship, 75
- Robinson, Alan, retirement, 262
- sprint of Griffiths, 162
- university grants committee league table, 261

UMDS - MEDICAL
- balanced intake, 33 (C)
- biennial diner, 387, 449 (C)
- cancer research bequest, 280
- Carolyn Warwick studentship, 143
- final year ball, 96
- Guy's in the thirties, 71
- Guy's in the twenties, 257, 363 (C)
- Guy's medical directory, 143
- medical student selection procedures, 233 (P), 237, 447 (C)
- on being a mature student, 393
- neuroanatomy, 127 (C)
- pharmacology department research, 297
- preclinical term reduced to 10 weeks, 429
- prize placental paper, 98
- scholarships, 143
- state of the union, 417 (P)
- Summer festival, 99
- UMDS ties [photograph], 283
- why Guy's needs a medical education committee, 389

Underwater rainbow a periscopic view (Theatre Club), 71

UNIVERSITY OF CAMBRIDGE, pass list, 458

UNIVERSITY OF LONDON
- difficulties faced by the university of London's medical schools, 64
- laurels, 148
- pass lists
  - MBBS, 41, 457
  - BDS, 458

UNIVERSITY OF LONDON MOUNTAINEERING CLUB, 98

V

VON HABSBURG, O. The European challenge (Sarah Stolz lecture), 103

W

WALMSLEY, R.N. and **WHITE, G.H.** *Pocket diagnostics clinical chemistry*, 85 (R)

WALTON, R.G. Sports scholarships, 361 (C), 405 (C)

WARWICK, Carolyn, **STUDENTSHIP**, 143

WARWICK, R.
- anatomy - analysis and synthesis, 299, 348
- biennial dinner, 387, 449 (C)
- the Fison lecture, a transcript [Gray's anatomy], 245
- Jimmy Goodliffe, 406 (C)

WATER-POLO CLUB, United Hospitals' Cup, 134

WATTS, D.C. A journal of record [Guy's Hospital Gazette], 87 (C)

WEDLEY, J.R. Considered provocation, 127 (C)

WEINMAN, J. Psychology [Freshers' Section], 338

WENDY SAVAGE CASE: Obstetrics on trial (Issues in Health Group), 109

WHEATER, P.R. et al. *Basic histopathology*, 310 (R)

WILLS/8/LL 11/12

WHEELER, J. Last Christmas tree, 4
WIER, Sister Louise: 25 years at Guy's 99
WILLIAMS, E. *Ladies without lamps*, 126 (R)
WILLIAMS, J.T.N. Dr G.F. Masterman, 169 (C)
WILLIS, John, **MEMORIAL ELECTIVE**, 77
WINSLEY-STOLZ, H.
  introduction to the Sarah Stolz lecture, 15 (R)
  military amnesia, 127 (C), 270 (C)
WOTTON, B. An eye infection, 313 (C)

Y

YOUNG, D. Dentistry - an alternative philosophy, 305

Z

ZAMBIA. Medical problems in the Third World (M. Hall), 201, 239

Guy's Hospital Gazette

ISSN; 0017-5870

Tel. No: 01-407 7600 Ext. 2023

EDITOR	CEDRIC ~~JOHN LATIMER~~
ASSISTANT EDITORS	MARCIA HALL AND THOMAS BRINK
NEWS EDITORS	NEVILLE PURSSELL AND MARTIN STEFAN
SPORTS CORRESPONDENT	CHRIS POCOCK
NURSING CORRESPONDENT	NEIL THISTLETON
PHYSIOTHERAPY CORRESPONDENT	RONALD COOPER
MANAGER	PAT DRISCOLL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

Page

PASSIM 3
NEWS IN BRIEF 3
APPRECIATIONS
P. H. Schurr 6
A. D. Robinson 8
R. D. Hoare 9
CLUBS' UNION NEWS 11
"SALMONELLA AND THE HOUSEMAN'S BALL" 12
INTRODUCTION TO THE SARAH STOLZ LECTURE
by Dr. H. Winsley-Stolz 15
"DESPERATELY SEEKING B.D.S." 20
THE CONTRIBUTION OF GUY'S AND ST. THOMAS'S HOSPITALS TO THE INTRODUCTION OF WESTERN MEDICINE TO CHINA Part 2
by Simon S. Brook 24
THE MOLE REPORT 28
DENTAL NOTES 29
DENTAL SOCIETY REPORT
by R. Bryan 30
PHYSIOTHERAPY 31
THE BORE REPORT 32
CORRESPONDENCE 32
SPORT 34
HOSPITAL INFORMATION 41

FEBRUARY 1, 1986 VOLUME 100 NUMBER 2359

Published Monthly at Guy's Hospital, London. All rights reserved.

German engineering. Italian styling. Spanish inspiration.
SEAT
TECHNOLOGY WITHOUT FRONTIERS.

Myers Motors understands the needs of the medical profession.
The new SEAT Ibiza. From £3,995*

MYERS MOTORS

SEAT Corner, 1/9 Sunderland Road,
Forest Hill, London SE23 1XH.
Telephone: 01-699 9999

OPENING HOURS
Mon-Sat: 9.00-6.00pm

*SEAT Ibiza 1.2L. Excl. delivery and number plates.

Guy's Hospital Gazette

THE OLDEST HOSPITAL JOURNAL IN THE WORLD

ANNUAL SUBSCRIPTION

Become a subscriber now. Fill in this form and post to:
The Manager, *Guy's Gazette*, 23b St Thomas' St, Guy's Hospital,
SE1 9RT. Or phone 01-407 7600 ext. 2023.

Please enter my name as an Annual Subscriber to "Guy's Hospital Gazette" and send me a Banker's Order Form/or invoice for subscription due. (Delete as necessary).

Name and Qualifications. . . . .

Address . . . .

. . . .

. . . .

Full annual subscription rate £10. **Retired Practitioners £5.**

Passim

In the absense of our esteemed Editor, Cedric Bore has staged a *coup de journal!* He has appointed himself Editor, and in accordance with his new-found responsibility, has composed his own *Passim*. If you would like to comment on his effort please write to 10 Downing Street, SW1, marking your envelope Private and Strictly Confidential. Those responses precipitating the highest number of subsequent leaks and questions in Parliament will be awarded the editorship of this organ. Any secretarial or ministerial resignations (preferably from the right department) will in addition be rewarded with an elective to Australia.

"As I walked a little unsteadily through the Colonnade, I bumped into my dear brother Eugene. He was here to celebrate the commencement of the one hundredth volume of this journal. Of course we started talking about the state of the nation . . . Why are we selling out the Westland Hospital to private medicine? Why won't Norma Fowlman support an NHS counterbid? Do you think she might resign as well? Principle is a wonderful thing – so Uncle Magnus used to say. Talking of principle, *Dare Quam Accipere* and Guy's budget seems to have been cut again. Quite apart from not being able to get supper at the Nurses' Home, are we going to be able to afford having patients at the hospital? I've heard there aren't too many of them these days anyway – or so Legionella was telling Eugene. The next thing there will be no patients, no students and lots of helicopters in the consultants' car park.

"On a lighter note, I have spotted scantily-clad freshers raising money to save the Hospital. Is it to be Charities Week every week of the year? I see that the Residents are more optimistic, however. As many will no doubt know, they have been speculating on a solution to current financial problems. Could this be the beginning of a new 'golden' era?"

News in Brief

South Wales Guy's Society Annual Dinner

The Annual Dinner will be held on 1st March 1986 following the Wales vs. France Rugby International. The venue will be the Park Hotel Cardiff and the timing 7.30 for 8.15 p.m. The guests this year are Professor I. McColl and Mr. J. S. van den Berg.

Bookings or further details are available from:

C. E. C. Lewis,
Glenhaven, Cardiff Road,
Taffs Well,
Mid Glamorgan, CF4 7PP

Issues in Health

The first meetings of this group were held on 16th January to discuss the NHS cuts and their effect on Guy's, and on 30th January to discuss sexual politics on the ward. Subjects for further meetings include 'Medicine in South Africa'. Information can be obtained from Tricia Bohn, Jenny Keen or Nigel Whitehouse, c/o Boland House.

Christmas Generosity

The Christmas tree shown in the photograph was the last one to have been prepared by the caring hand of Mr. Wheeler. He will be retiring at the end of the year. All the gifts at the foot of the tree were given anonymously for the children in the Evelina Hospital.

The Sarah Stolz Lecture

This lecture will be given on Monday, 24th February 1986 at 4.30 p.m. in the Tower Lecture Theatre by Dr. Otto von Habsburg. The title of the lecture is "The European Challenge". Dr. von Habsburg is a member of the European Parliament and President of the International Pan-European Union. The Chair will be taken by Dr. J. C. Houston. Tea will be served before the Lecture at 4.00 p.m.

Dr. von Habsburg was the heir to the Austro-Hungarian Empire. On page 15 there is an article by Dr. Winsley-Stolz introducing Dr. von Habsburg and his lecture.

There will be a dinner in honour of Dr. von Habsburg after his lecture. The dinner starts at 7.30 p.m. and is taking place at the English-Speaking Union. Tickets are available on written request from the Union.

Front Cover

This month's cover is the drawing which has been used for the Charities Week T-shirts. The caption accompanying Steven Ward's droll drawing will by now be familiar to all – Guy's are back in town.

Dental Society Meetings

Thursday, February 13, 1986 – "Getting on top of the patients" – Mr. Colin Hall Dexter (Harley Street, London).

Thursday, February 27, 1986 – "I shouldn't know you again if we did meet" – Mr. Allan Thom (Orthodontic Depts., Guy's Hospital and Queen Victoria Hospital, East Grinstead).

Saturday, March 1, 1986 – Annual Clinical Meeting – Dental Dinner (Boland House).

Thursday, March 13, 1986 – "Bridging The Gap" – Mrs. R. Askew (Dental Health Education Officer, Hillingdon Health Authority).

Thursday, April 17, 1986 – "Practice Design" – Mr. D. Willshire and Mr. P. Marsh (Dental Design and Planning Consultants Ltd.).

Saturday, April 19, 1986 – Annual Ball (Hilton Hotel).

Thursday, May 1, 1986 – "Alcohol – friend or foe?" Dr. Marsha Morgan (Royal Free Hospital, London).

Thursday, May 15, 1986 – Annual General Meeting. "Trance Formations" – Mr. Martin Brookes (Telford).

***Gazette* Raffle Winners**

The winners of the Guy's Hospital *Gazette* Raffle are listed below.

1st Prize £200 – Diana Morgan, 30 Pereden, New Ash Green, Kent.

2nd Prize £100 – Diana Pleasants, 90 Draper House, Draper Estate, S.E.1.

3rd Prize £50 – Dr. Mark Powlson, Royal South Hants Hospital, Southampton.

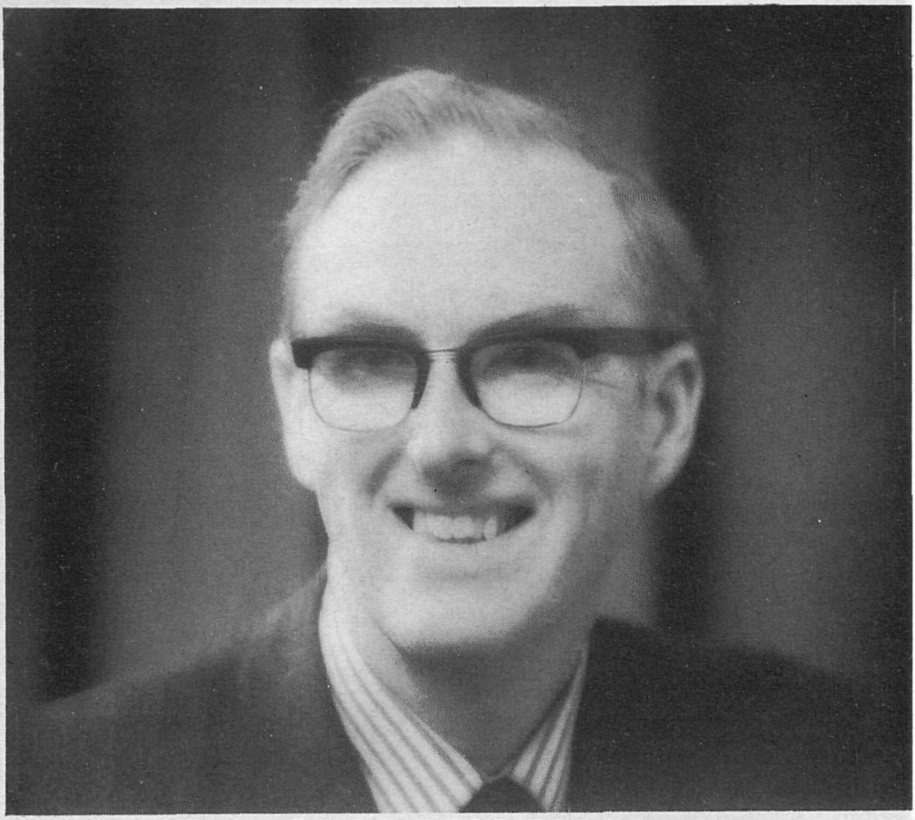
4th Prize £30 – Mrs. Lee Thompson, Domestic Office, Guy's Hospital.

5th Prize £20 – T. W. Nicholson, 79 Belper Road, Derby, DE1 3ER.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Appreciations



P. H. Schurr, C.B.E., F.R.C.S.

With the retirement of Peter H. Schurr from his appointment as Consultant Neurosurgeon to Guy's Hospital on 9th December 1985, the hospital has lost from its staff one of Britain's most distinguished senior neurosurgeons. He was not only a superb and conscientious surgeon but also played an active and important part in the administration of Guy's Hospital and Medical School as well as the Maudsley Hospital and the Institute of Psychiatry. He also occupied senior positions in the Royal Society of Medicine and the Society of British Neurological Surgeons and for the last eight years had been Consultant Neurosurgeon to the Queen Elizabeth Military Hospital at Woolwich.

The son and great-grandson of doctors, he was educated at Caius College, Cambridge and University College Hospital. He qualified in 1943 and served in the R.A.M.C. until 1947, graded as a surgical specialist. He then returned to University College Hospital where he was successively house surgeon and surgical registrar and after acquiring his F.R.C.S. spent three years training in neurosurgery under Sir Hugh Cairns at Oxford. After twelve months as a research fellow in Boston, where his interest in paediatric neurosurgery was fostered by Dr. Donald Matson, in some respects the founder of that speciality, he came to the combined Guy's-Maudsley Neurosurgical Unit as senior registrar in 1953 and in February 1955 was appointed as Consultant Neurosurgeon to Guy's Hospital and the Maudsley Hospital. For just over 30 years he held this appointment with distinction and, in addition to general neurosurgical practice, he has been especially interested in paediatric neurosurgery, the surgery of the pituitary region and the surgical treatment of psychiatric illness. He has over 80 publications on these and other topics, many in collaboration with his colleagues at Guy's.

With his neurosurgical colleagues, the late Murray Falconer and Jeffrey MacCabe, he has been responsible for training 18 consultant neurosurgeons, 10 of whom are working in this country. He has also had an abiding interest in ophthalmology, his father's speciality, and has encouraged many ophthalmologists to have an adequate exposure to neurosurgery early in their career. In spite of a busy clinical practice he also served as Postgraduate Dean in Guy's from 1976 to 1985.

Since the outset of his career he has been respected as a wise and fair man by his colleagues. For this reason he has served on the Boards of Governors of both Guy's Hospital Medical School and the Bethlem Royal and Maudsley Hospitals as well as having been Chairman of the Ethical Committee of the Institute of Psychiatry, a considerable distinction for a non-psychiatrist. He was also Chairman of the Division of Surgery at Guy's for four years. He has been an Examiner for the Conjoint Board, the Universities of London and Oxford and for the F.R.C.S. (Neurosurg.) of the Royal College of Surgeons of Edinburgh. He has served the Royal Society of Medicine, Section of Neurology, both as a Council Member and as President and has also held the same positions in the Society of British Neurological Surgeons. Finally he has held Visiting Lectureships and Professorships in the United States, Alexandria, Beirut and Australia.

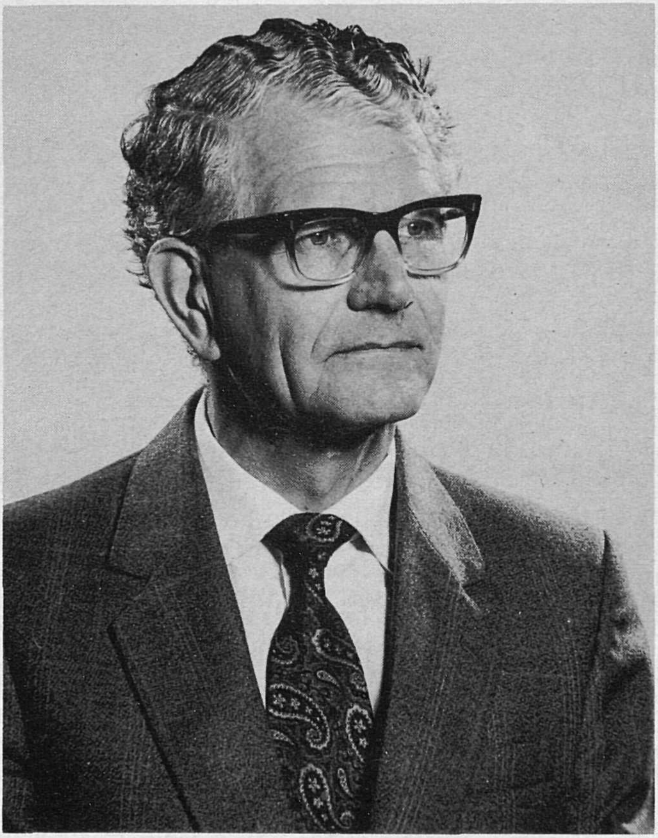
Amidst all this, with the support and help of his wife Susan, he has raised a family to maturity and found time to pursue with vigour his leisure interests in art and music.

Over all the time that he has been associated with Guy's Hospital and Medical School he has always been willing and anxious to look after the institution's interests and welfare even in the present turbulent and troubled times. With his retirement Guy's has lost a valuable and tireless friend and neurosurgeon.

C.P.

Mr. A. D. Robinson

David Robinson retired from the Dental staff on 6th November having spent 41 years teaching in the Department of Conservative Dental Surgery. After qualification in 1944 he was appointed a dental house surgeon and then was appointed as half-time assistant to the Director of the Department of Conservative Dental Surgery. At that time the School was very short-staffed since most of the dental teachers were serving in the forces and special exemption had to be obtained for Mr. Robinson to take up his appointment. His duties involved teaching in the Phantom Head Department, the clinic, 'locals' and 'gas sessions' on six sessions a week. In 1948 when the Health Service started Mr. Robinson was graded as a Senior Hospital Dental Officer and kept that grade until he was made a part-time Consultant on 1st January 1975 and then full-time Consultant from 1st September 1978.



During the early part of his career Mr. Robinson's duties were mainly concerned with Phantom Head teaching and the introduction of students to Clinical Conservative work for patients; latterly he taught extensively on the Crown and Bridge courses and conducted clinics dealing with all aspects of Restorative Dentistry. Countless generations of students, including the writer have benefited from his meticulous teaching in the theory and practice of dentistry. Prior to taking up a full-time appointment, Mr. Robinson ran a most successful practice in Forest Hill and I was fortunate to be in partnership with him for thirteen years and gained greatly from his wise counsel.

In addition to his clinical duties Mr. Robinson was Head of the Dental Photographic Department from 1950 to 1981. In 1950 clinical dental photography was in its infancy but under David Robinson's guidance the Guy's unit rapidly became one of the leaders in the field. He was also lecturer in the properties of Dental Materials for twenty-three years from 1950, and latterly was administrative head of the Department of Dental Radiology. Whilst he was still in practice Mr. Robinson pursued several topics of dental research and was awarded the MDS Degree of the University of London in 1972 for his work on the relationship of dental pain to stressing of hard tooth substance.

David Robinson was an extremely skilled clinician, a statement which would be supported by the countless patients he has looked after, amongst whom are many members of the Medical and Dental staff. He played an active role in the life of the Dental Hospital and School and served for a number of years on the Committee of the Dental Society and was a most successful President in 1980–81.

It was through his initiative that the Dental Dinner after the Clinical Meeting was revived – for a period it was combined with the Dental Ball – now the Dental Ball is held on a separate evening. Dental readers of the *Gazette* will have appreciated the 'Dental Notes' he has written over the years. His farewell party in the Dental School was proof of the esteem and affection he had gained from his colleagues, secretarial, nursing and administrative staff.

He will now have more time to spend on his many hobbies, including photography and golf, and also to sail and maintain the canal boat of which he is part owner. His colleagues were rather anxious, knowing his enthusiasm for canals, when amongst his farewell presents he requested a World Atlas!

We wish him and Joyce a long and happy retirement together.

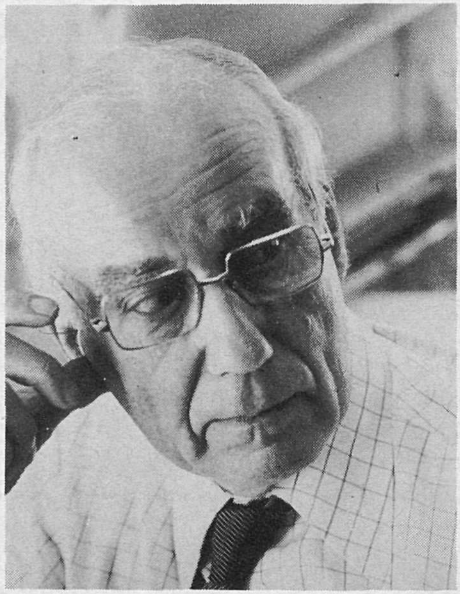
A.H.R.R.

Dr. Richard David Hoare, MB, BS (Lond) FRCP (Lond) FRCR DMRD

When Dick Hoare retired from the post of Consultant in Neuroradiology in the autumn of 1984, separate farewell parties were arranged by his clinical, his radiological and his radiographic colleagues at Guy's, and there were similar expressions of esteem at Great Ormond Street and the Maudsley Hospital. Such was the warmth of regard generally felt for someone whose combination of gentleness and industry made him one of the best-loved members of the departments in which he worked.

He qualified from St. George's Hospital in 1941 and following his house jobs went into the Navy. After service at sea, he was stationed at Invergordon, and to his surprise, found that he was expected to run the X-ray Department. This quite accidental beginning led to his taking up radiology. He started his training at the Middlesex Hospital, where he met his wife Shirley. Later he moved to Atkinson Morley's Hospital and there dedicated himself to neuro-radiology.

In 1951 he joined the staff of Guy's, and of the Maudsley and the Royal ENT Hospital. He resigned from the latter two years later on being appointed Consultant Neuroradiologist at the Hospital for Sick Children, Great Ormond Street. For the next thirty-one years he worked at all three hospitals with a commitment and dedication which made each feel that he belonged particularly to them, putting more work into his sessions than many people with twice the nominal time.



As his reputation grew, he was honoured both as Visiting Professor to Overseas Universities, as Secretary and also President of the British Institute of Radiology, and by election to Membership and later Fellowship of the Royal College of Physicians and Fellowship of the Royal College of Radiologists. To those with whom he worked, such honours were self-evidently well-deserved, but it is as a clinical neuro-radiologist that he will be remembered. Many young doctors have come into radiology having seen his work while they were house-physicians or house-surgeons and having recognised the great value placed on his skills by neurologists and neurosurgeons. Similarly countless radiological registrars have appreciated his teaching, based on a profound knowledge of his subject and his example of painstaking and thoughtful work. All have received a first-class grounding in neuro-radiology and some have taken it up as their own speciality.

There are a few people without flaws and one of Dick Hoare's most difficult characteristics is the virtual impossibility of getting him to say ill of anyone. This tolerance does not spring from lack of convictions: he has many strong enthusiasms, notably in politics, sport and in relation to the Navy, but his nature is to influence by example and persuasion and not by criticism. Few radiographers or registrars have been in doubt when something better was required of them, but no one has been bruised by the way in which they learnt it.

The year after his formal retirement has seen him at work for at least half of that period, some of the time at Guy's. He plans to work in the magnetic resonance unit at the Churchill Hospital, taking on a new challenge at a stage when many others are glad to relax. It is just possible that in the future Shirley will see more of him at home than in the past, but there is also every likelihood and hope that clinical, radiological and radiographic friends will continue to benefit from the expertise and enjoy the friendly companionship of this best of colleagues.

H.M.S.

Clubs' Union News

This is my last Clubs' Union News as my year as President ends in February. I hope these small insights into Union life have been informative and interesting, giving some idea of our work and achievements.

I must thank the whole committee for their hard work and support. Thanks go especially to Dr. Knight for taking up the post of Chairman at short notice and to Mr. Baker the School Registrar, who is to be proposed for an Honorary Life Membership at the forthcoming Annual General Meeting.

All the officers of the Clubs' Union deserve a special mention for their hard work. Chris Redman (Bar Secretary) has organised well trained and responsible bar staff and helped with the design for the refurbishment of the bar.

Marc Laniado (Social Secretary) was responsible for this year's highly successful Snowflake Ball along with organising Club's Union events and helping with the Summer Festival preparations. Gerry Skailes (Junior Secretary) was chairwoman of the fantastically profitable Charities Week and was editor of the Freshers Handbook. Clare Chavasse (Vice-President Dental) has produced many informative and amusing newsletters.

Duncan Brooke (Vice-President Medical) has been a very efficient deputy attending many meetings and helping with the organisation of events, particularly Freshers Week and the U.M.D.S. Riverboat disco and Fireworks display.

Charities Week ran from the 20th to the 25th of January raising money for a new building for the Newcomen Centre at Guy's. The committee organised many varied events including a tug of war, quiz games, a jazz and cocktail evening, a trip to a London night club, a film night, bands and cabaret. A great many students were involved in the street and station collections.

I would like to welcome George Mitchel, previously barman at the Royal Dental Hospital and now employed at Guy's and also the new East Wing Porter John McDowell who replaced Rue Brown on his retirement.

Finally I would like to wish next year's committee much luck and many successes. My congratulations to Gerry Skailes on her recent election as President.

Elaine Parsons
President

"Salmonella and the Houseman's Ball"

by David de Berker and Adam Searle
directed by Adam Searle
reviewed by Brendan Hicks

It is the night of the Houseman's Ball and the whole of Guy's has plans to attend. The "Cinderella" of this pantomime is the lovely but overworked HP, Salmonella. Witch-like night-sisters wail over their foul brew and fairy-like charge nurses prance. Two songs later, Miss Maggie Bomb is launched into a total analysis of womankind and feminism and is then joined in dialogue and contraceptive counterpoint by Spike Chapman. Now Buttons Charmer – more "Prince" in style and principal boy costume – enters to score a Guy's first: at last the ladies are impersonating the fellers! As the real life "Charmer" is in a directorial driving seat just now, this arrival opens up a barrage of jokes and comments on NHS cuts and squeezes. Of course the wicked hunched dwarf Mad Max – as superintendent – catches some of the harder humour too. Some clever strobe-lighting effects, then tensions are eased by Fairy Godmo – of flowering psychiatric ilk – to end with a rousing whole cast calypso . . .

"Houseman's Ball"

To Salmo will a loss occur,
Of something truly precious and special to her . . .
Now what it is, just wait and see,
But I can tell you that it's not her virtuosity.

The Houseman's Ball, the Houseman's Ball,
Salmo's going to get there after all.
Pop outside for a drink and a laugh
We would rather you were drunk for the second half.
You will meet some famous names,
They'll be up to all sorts of games.

Bob and George will soon feel the rub
(That's George the Doctor not George the pub).

Pain relief and X-ray too.
Surgeons soon will be a-singing to you.
Hope the second bit isn't too rude . . .
You'd better leave now if you're a bit of a prude.

The second half is still to come,
Packed we hope with loads of fun.
Hope you come back for part two.
Who knows . . . it could be all about you!!

Act Two, the Ball scene, opens with a string of character cameos and sharp one-liners, that take us laughing into the Houseman's list of favourite things . . .

"Blood counts on Sundays,
Calciums at night times,
PV's on grannies,
Venflon re-site times,
Discharge from Sarah and bleeps late at night,
These are the things that we'd love to put right."

And so on. Attempts to get a picture taken bring forth the heavies from the X-ray department, who launch their song to the tune of "Supercallifragilisticexpeeallidotious" (in case you wish to sing along) . . .

"Radeealleydotious"

Because I was afraid to speak when I began this job,
Me boss he gave me nose a tweak and said I was a slob;
But then one day I heard some names to save my aching nose:
The X-ray bods from 2 & 3 and this is how they goes

Reidy, Rankin, Saunders, Saxton put the job in focus,
When you're really in the dark you'll need their locus pocus,
When you name them loud enough you'll always sound precocious,
Reidy, Rankin, Saunders, Saxton put the job in focus.

When patients have a bunged up tube, or lump that's hidden deep,
They love to try and tackle it, they'd do it in their sleep.
They get their little twiddlers out and push and prod and poke;
You'll never guess the things they do, it really seems a joke!

And if a patient's head is bashed he needs a CT scan,
You lie him down and stick him in a great big baked bean can.
The trouble is this X-ray bunch will never get that far,
'Cos Maisey's very close behind with his new NMR!

This wakes up not only the audience but also the sole remaining Guy's patient, who is promptly set upon by some real cool dudes who turn out to be from the Pain Relief Team on a high. A brightly paced and very funny scene ends with a champagne theme but an altered lyric, "The Night They Invented Cocaine".

Act Three was opened in style by Adam Searle as "George", John McGrath as "Bob", and Aresh Hasheminejad, continuing to sparkle as did Salmonella. Studied characterisation, smooth humour and witty use of that "Have you heard?" music made this work particularly well. Approaching dénouement, Salmonella loses not her crystal slipper but a golden device of origin gynaecologic but – fortunately for good taste – unrecognisable to assembled physicians and surgeons. *Speculation* as to the likely outcome of this scene was inflamed by Professor Ian McBran's resolution to "try" the device "on everything and everyone, in every way, until we find out what it fits and what it's for". To this reviewer's relief what it fitted was Salmonella's hair band. Her precious ornament was worth a fortune, Guy's cash problems were solved and all lived happily ever after to the tune of Hark the Herald Angels Sing . . .

"Finale"

We can do the tests we want to,
Maybe get results today,
Fill notes with abbreviations,
Worry not if we can pay.
FBP and ECG,
HTLV III if needs be,
We'll be safe for years to come,
Thanks to the Golden Speculum.
Salmo need not work all day;
E'en for locums we can pay.
Guy's is safe the wards reopened,
Patients flock to A and E.
Doctors, nurses all rejoicing,
Guy's is as it used to be.
Patients come down from the station.
We treat sick from every nation.
With the Golden Treasure sold,
We can return to Guy's of old.
This is the end of our great play
Guy's is back and here to stay.

And so it ended, an excellent evening. This was more of a Christmas show than a "Residents' Play" in the ancient style, for very understandable reasons in very changed circumstances. The old plays cost a lot, took even longer to create and have had their day; even so, two traditions from the past might be worth reviving.

To enrich the lyrics, why not get registrars writing some of the songs again? To restore the musical freshness, why not drum up some original tunes from the wealth of musical talent at Guy's? But this is not to criticise this team of Residents, whose enthusiasm invigorated the evening and whose hard work made even the opening night work flawlessly. No entrances were missed, no lines were fluffed, no songs failed to come over clear and strong. That throws credit on all concerned – the writers, director, performers, musicians and backers-up. My particular congratulations, for their stage presence, timing and delivery, to Misses du Peloux Ménagé and Gleeson and David de Berker, and (the star?) Adam Searle. Thank you, Residents, for giving us a splendid show.

Introduction to the Sarah Stolz Lecture

by Dr. H. Winsley-Stolz

During the War years the staff at Guy's Hospital had the unique experience of improvising, creating and maintaining a complete preclinical school outside its normal environment. In consequence, when I arrived at Guy's Hospital Medical School in January 1944 its various preclinical departments were still housed in the Kent spa of Tunbridge Wells. Elegant buildings such as Hurstmead and Sherwood Park provided a serene atmosphere in an England which was still at war with two military powers – Nazi Germany and Japan. The Channel ports were still facing a mighty array of German guns pointing ominously towards this island. Montgomery was still fighting in North Africa and no one knew when the Western Allies would once more set foot on the continent of Europe. Within a year, however, the war map had changed dramatically, the Allies had freed most of France and Italy, although they were still fighting bitterly in Belgium and Holland, Russia having by then recaptured most of its own occupied territory.

The student and staff population of Guy's returned to London in March 1944, and medical education resumed undisturbed, although it was unexpectedly shaken by Hitler's launching of the V1's and V2's against London. Guy's Hospital dealt with a considerable influx of civilian casualties at that time. On 7th May 1945 Germany surrendered unconditionally to the Allies. On the cessation of hostilities Guy's began its rebuilding programme and in 1948 with the advent of the National Health Service, a new era of health care commenced.

Despite two world wars Guy's, with the help of its Board of Governors and others, was able to retain the original traditional buildings, although some of them suffered war damage and were later rebuilt, maintaining the style of the existing architecture.

The Lord Brock, on the occasion of the 250th anniversary of this hospital in 1976, paid tribute to the magnificent efforts of the Governors of the Hospital. This administrative structure has now been abolished. He stated at the time that we were standing on the threshold of vast changes in hospital life, which would be as important and as far-reaching as the original foundation of Guy's: "a deed of pity and charity".

Thomas Guy, the founder of this hospital, was a deeply religious man who during the earlier period of his business life had been associated with the printing and publishing of Bibles, Prayer Books and the Psalms. It is against this historic backcloth that we must express our welcome to Dr. Otto von Habsburg, himself regarded as a deeply religious man of our own day.

Dr. von Habsburg is heir to a 700-year-old dynasty which reigned in Europe until 1918. It is interesting to remind ourselves that during Thomas Guy's lifetime, England and Austria were Allies during the wars of the Spanish Succession. It was during the battle of 1704 at Blenheim that Sir Winston Churchill's ancestor, the Duke of Marlborough, joined the

Otto von Habsburg with his mother Empress Zita and father Emperor Karl I
(Reproduced by permission of Weidenfeld and Nicholson)

Austrians in a great victory on Bavarian soil. Dr. von Habsburg at present resides in Bavaria. He is now a Member of Parliament for the European Economic Community in Strasbourg. This ambition was achieved via his work in 1936 on behalf of the Pan-European Union, founded by Count Richard Coudenhove-Kalergi.

Otto von Habsburg was born in Reichenau, Lower Austria in 1912. Son of Archduke Karl (later Emperor of Austria and King of Hungary) and of Zita, née Princess of Bourbon-Parma. He resided in Austria until 1919 when his parents took him to Switzerland at the time his father had to vacate his throne in Vienna. Whilst in Switzerland his father visited Hungary and tried unsuccessfully to regain his Hungarian Kingdom. From there he left for Madeira with the help of King George V. On 1st April 1922 Emperor Karl died during an influenza epidemic in Madeira, where his body is interred, in the crypt of Nossa Senhora do Monte.

Dr. von Habsburg states that he was nine years old at the time of his father's death, and that since early childhood a close link existed between father and son, and quotes:

". . . During the last weeks of his life on Madeira he talked with me frequently. I was able to obtain at least a child's insight into his life, which, unlike many others, was filled with setbacks and disappointments which, in mundane terms would be regarded as failures: he looked for peace yet had to make war; he looked for unity but had to witness the disintegration of his Empire; numerous friends deserted him, even betrayed him. In spite of it all, however, the three hours spent at his deathbed convinced me that my father's life had not been an unhappy one. At his last hour, the hour of truth as the Spaniards say, I knew that his life had in fact been fruitful. In the face of death there is no room for self-deception. God does not require of man reports of victory – he alone has the victory. All he expects from us is to do the best we can achieve. This lesson has become the most valued experience for my later life: As long as one's conscience is clear in this respect there can be no talk of failure."

From Madeira the family moved to Spain where Otto von Habsburg resided until 1929. He then went to Belgium where he undertook university studies and obtained a doctorate in political and social science. As Hitler's army invaded Belgium in 1940 he and his family were fortunate enough to escape shortly before the swastika was hoisted on their place of residence. They made their way through France to Spain and thence across the Atlantic to North America. Whilst living in the United States and Canada, Empress Zita approached President Roosevelt and Sir Winston Churchill in an attempt to secure the independence of Austria, once Europe had been freed from Nazi tyranny.

The image of the Habsburg dynasty was that of a supra-national Empire, in which small nations were freed from their potential oppression and could develop. However, when the Czechs, Poles, Serbs and Hungarians received their national independence at the end of World War I, they acquired techniques of oppression of their own. Soon a tyranny unprecedented in the history of Europe took over every inch of what had once been the dual monarchy. Its Jewish community, with its culture dating back to the days of the Old Testament, vanished almost completely. In Russia the double eagle, their national emblem, disappeared just as rapidly as the Austrian one and the church was replaced by the hammer and sickle, as signs of authority – good or evil.

In 1957 Otto von Habsburg became Vice-President of the Pan-European Union and when its President, Count Richard Coudenhove-Kalergi died in 1973, Dr. von Habsburg succeeded to the presidency. Dr. von Habsburg's interest has always rested in the moral and political sciences and he became associated with international academies, promoting these disciplines. At a time when computerisation is controlling the documentation of present-day data in order to plan ahead for future generations, he has duly been elected Honorary President of the International Council of the European Documentation and Information Centre.

Dr. von Habsburg has been a Member of the European Parliament since June 1979 and was elected as an Independent for Bavaria on the list of the Christian Social Union. He is a member of the European Parliament's Political Committee.

It is obvious from the historical background of Dr. von Habsburg's family that his outlook is an international one. However, from his mother the Empress Zita of Austria, who took over his spiritual education after the death of his father, he also acquired a deep Christian commitment based on Catholicism.

Britain is today a multi-racial and multi-religious society, a fact which renders many problems to the practical sociologist, who has to aid the government of the day in keeping law and order. The National Health Service is Britain's strength, providing this nation with physical and mental health from cradle to grave. It claims to be unique as a health-care agency in Europe – if not the world. Doctors have to rely heavily on the support of the various social services, in order to give adequate relief during sickness of the population and in the prevention of ill health. Inadequacies, however, still remain in material and spiritual support.

It was in 1962 that I thought it pertinent, when I established the Sarah Stolz Lectureship at Guy's Medical School, that the clergy should be invited to participate in the problems doctors are facing with regard to the spiritual welfare of their patients. At that time Guy's psychiatrists and paediatricians, with senior members of the Rabbinate were invited to a meeting in Kensington, to discuss such co-operation. Two years later, in 1964, the Institute of Religion and Medicine was founded under the auspices of the Archbishop of Canterbury to include Christian clergy in such a multi-discipline undertaking.

In the 1985 Christmas message from Dr. Otto von Habsburg's seat at the European Parliament in Strasbourg, he welcomes Spain and Portugal as full members of the European Economic Community which he now sees as the first economic power in the world. He notes that the security of the Mediterranean, has been consolidated, long-range perspectives are opening up for the European economy in Latin America and a major step has been taken towards a genuine political community of a greater Europe.

Unfortunately there are still many areas in the world where mankind is deprived of the human right to live in peace by universally accepted standards of dignity and self-respect for the individual. The evidence of terrorism in our own present-day society, making travel potentially unsafe for women and children, who are not involved in any political power struggle, indicates the urgency of this problem. We can solve our social problems here in Europe, since we are still collectively morally bound to the Bible as a guide to our philosophy of life. It is therefore with great expectations that I asked the Trustees of the Sarah Stolz Lectureship of Guy's and St. Thomas's Hospital Medical Schools to invite Dr. Otto von Habsburg to give the 1986 Sarah Stolz Lecture.

Bibliography

Guy's Hospital: 250 Years

Guy's Hospital *Gazette* (1976) **90**, 348.

Kaiserin Zita – Legende und Wahrheit. Amalthea Verlag, Wien-München, 1977.

von Habsburg, O. (1985). Personal communication.

Institute of Religion and Medicine Annual Report (1970).

Guy's Hospital *Reports* (1965) **114**, 175.

Guy's Hospital *Reports* (1969) **118**, (Lord Brock's portrait).

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are February 12th and March 19th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

"Desperately Seeking B.D.S." – The Final Year Revue

re-lived by an enthusiastic follower of fashion

URGENT NEWSFLASH – all Staff are warned that an extremely incriminating tape recording has fallen into the hands of the press. An ultra-subtle campaign was launched to 'tap' the reactions of the Punters (it's always a gamble to attend a 3rd B.D.S. Revue) after the second performance. This indispensible document could become the source of a blackmailing scandal! Payment of £5 to the Guy's butcher lookalike could absolve YOU from any further involvement.

The most common statement by far was:

"Very good! Thoroughly enjoyed it, well done."

More lucid contributions included:

"The answer is – 42" – Mr. Butcher.

"Wonderful, it was marvellous. Best revue I have seen for a year at least!"– Mr. Allen.

"I thought it was very, very kind" – Mr. Howarth. An anonymous ortho-technician with the secret to eternal youth was enthusiastic about the sketch nearest to his heart but felt it was a shame that his 'lorry' was not there (I always thought he drove a Saab Turbo). Mr. Radford confessed that he "didn't know about these things." Perhaps he was referring to his innocence in the field of "Wookey in the back of his Pitt-Ford!" Other members of the 'deity' were more bemused when presented with the technological novelty of the Microphone. The most emphatic comment came from Mr. Vaughan who had this to say:

"Simply marvellous! Fascinating! Bloody wonderful!"

Doubtless all who attended will agree that the revue was a major success. Very fluent with a broad range of original ideas that were performed in a shrewd sequence, it was a group undertaking that had people chortling merrily for the rest of the evening. The Referral Song at the beginning, to the tune of 'Ghostbusters', was a bit weak. It was at the start though so this did not matter. The two dialogues which followed were very classy. Ian Harris and Rick Capron, conversing over a glass of "Mrs. Reed" dropping names in hysterical succession, had the spectators' total attention. *"Ashley, he's 'ad a lotta Ursell ever since, Maberley we should send* him a get well card . . . oh! you mean a Card-Well (groans)." This is not a fully accurate excerpt but serves to highlight the well appreciated wit which was involved. The bar-room chat between Dave Hannington and Andy Harris summarised the events of the year with a stunning one-liner thrown in. Referring to the catastrophic few hours after the Dental Ball (at the Royal Lancaster) they said. . . . "they were going down like eyelids in a Prof. Naylor lecture!" A very endearing simile which probably applies to the lectures given by a lot of other people too (if you actually go to them).

Shân Lloyd then delivered her own lecture on the disease Coatus Albus [white coatitis] which has most of us in its grasp. The causative organism being Hypococcus albicans and the prodromal phase being characterised by 'Crawler's syndrome'. The Krapton Factor under the frenetic chairmanship of Will Hanks followed. The competitors were enthusiastically introduced: Professor Naylor, Mr. Ursell and a Mr. Marshall who had taken up using Grecian 2000 (presumably he can afford it). The Chairman clearly not a linguist, consistently mis-pronounced the vowel sounds of the Scandinavian name to the ribald approval of the assembled (especially in the first performance).

The following poem was perhaps the highlight of the revue, recited by Andy Harris it came over very powerfully. Its title – The Student's Lament:

Sleep, shower, shave, shit.
Off to breakfast in the Spit.
Plate of bacon, beans and egg,
Spill hot coffee all down leg.
To the tower wait for lift,
Another caries mining shift;
Not for us the smudge of coal
Or endless purgat'ry of dole,
We've worked hard for our employment
Given up our youth's enjoyment.
The ping, the orange light, 'Leaves First' –
Into box we gaily burst.
Always room for just one more,
Ride silent up to twenty-four.
To the locker tunic donned,
No pause to think if we're being conned.
Off to duties, can't be late.
Mustn't make the punters wait.
Now to drilling, scraping, filling
On whining, squirming, quite unwilling
Patients in the dental chair
Who scrutinise the nasal hair
Of students on their little stools,
Many feeling proper fools;
Trying not to cut the lip
Slash the tongue and neither rip
The gingivae to little pieces,
Or drop bur to join the faeces
On their trip around the guts
To exit distal to the nuts.
Or, 'Jack forbid' expose the pulp
And tell the patient with a gulp,
Followed by a silly grin. . . .
Toothy hurty . . . tooth in bin.
Cock-ups coped with morning done,
Off to Spit for lunchtime fun;
Freshers queuing, braying, mooing,
Cattle at the feeding trough.

Cardboard cuisine, ketchup cooking;
Well at least there's money off.
Later lectures, droning, boring,
Trying to disguise the snoring.
Lists of endless information
Overheads and slides on screen.
Frightened into subjugation,
Sitting silent, only seen.
Torpid teaching terminated,
Dash for drinking in the bar,
A day's frustration is now sated
By a cool refreshing jar.
The raucous revel rendered rancid
By the thought of coming tests.
Textbooks beckon, Cawson's calling,
On the desk a folder rests.
Pushing thoughts of fun behind us
Down to work we tamely sit.
Making sure no leisure finds us.
Sleep, shower, shave . . . Oh shit!

I hesitate to reveal the author's identity as he is currently unemployed, having recently qualified. The reason for this withholding of Simon Portman-Lewis' name is that with such a lyrical giftedness he might never have to work as a dentist ever again. An offer for a journalistic post on the staff of the *Gazette* is already in the mail, so I'm told.

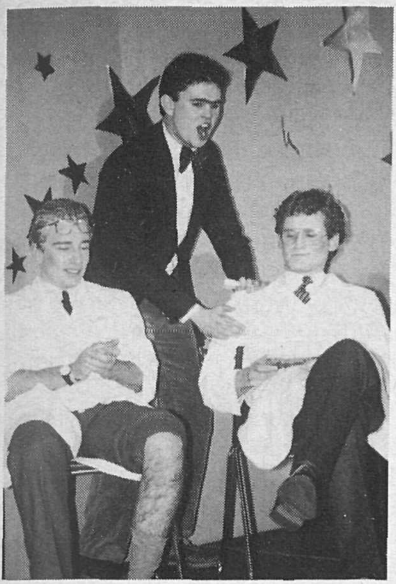
Al Cruse starred in two sketches. The first, a parody of the Nat West television commercial featuring 'Peter the Punk' had an engaging punchline. The second where he demonstrated the LAU 'early morning coiffure' technique, was another in the excellent selection of really clever numbers. Here Mr. Usiskin attempted (and failed) to complete a complicated orthodontic treatment plan having to draw on the full extent of his repertoire. Finally after 'resorbing all his apices' he had to call on Mr. Butcher (the Pied Piper of Guy's) to hypnotise his 'one, two, three, —, five, six, seven, unerupted' teeth. The teeth responded in record time and the day was saved.

Tradition obviously demands a 'take-off' of Mr. Bret Day and this year was no exception. However, even on this familiar ground, the cerebration, if somewhat ataxic (diplopic), showed through. The spy from the MOD calling himself Band, Matrix Band produced a lot of mirth with his list of films:

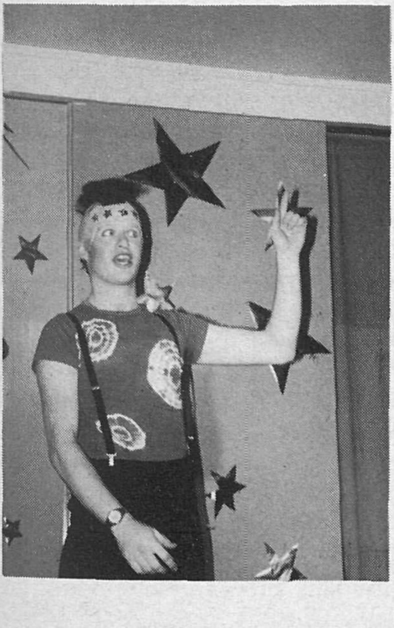
"The night I listened for two hours to the full selection of Prof. Naylor's jokes – You Only Laugh Twice."

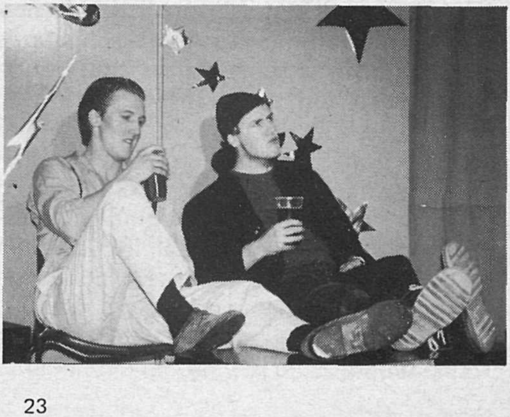
"And of course the ill-fated Dental Ball at the Royal Lancaster – Chunderball."

The praise must continue. Another poem from that folk-hero. A sharp but not very acidic sketch about the micro-flora of the oral cavity transported everyone, with the help of atmospheric lighting, into an imaginary mouth where two very ugly 'Bugs' were talking about aerobics



Scenes from the Revue





and Stefan curves. Why can't we make a revision video for the Scientific Basis of Caries MCQ on a similar basis – how about that Will and Alastair? The News at 10 made one very valid suggestion and was followed by an extraordinary dance routine to the music of Saturday Night Fever.

This totally entertaining Revue drew to a close with a posse of shorter sketches where Mr. Howarth got the gentle mention he was obviously so chuffed about. The follow-up to this epic performance next year ought to enter embryonic phase fairly soon if it's ever going to compete in quality and content with this one.

To borrow Mr. Vaughan's words . . . BLOODY WONDERFUL!

The Contribution of Guy's and St. Thomas's Hospitals to the Introduction of Western Medicine to China

Part 2

by Simon S. Brook

Joint winner of the Lord Brock Memorial Trust Historical Essay Prize in 1985.

Presented to the History of Medicine Section of the Royal Society of Medicine in the Gordon Museum on 6th November 1985 to mark the 150th anniversary of the opening of the British Hospital in Canton.

Whilst the first report of the Medical Missionary Society's hospital at Macao was in the press "a medical gentleman of experience was awaited", information was received of "that gentleman's arrival off Java". Lockhart had arrived. On the 28th February 1839 he was at Macao, offering his services to the Society whose committee accepted him and placed the hospital-house under his charge. At first his main pre-occupation was to study the language, only attending patients who needed his immediate care. The hospital had originally been opened by Parker in July 1838, whilst his original hospital in Canton was undergoing repairs. He had returned to Canton and the Macao hospital had awaited re-opening by Lockhart which he formally did on 1st July 1839. Parker had brought a postoperative patient with him from Canton to Macao for convalescence. This patient would have great significance for Guy's two years later.

However, due to the "severities directed in general against the English", by mid-August Lockhart had to close the Macao hospital having received 167 patients. As the island of Chusan was under British influence, Lockhart was sent there and established a hospital from September 1840 to February 1841. He attended 3502 patients. In the intervening year Lockhart showed his increasing linguistic ability and anatomical interest in publishing an article in the August 1840 issue of the Chinese Repository on a "Description of a Chinese Anatomical Plate, illustrative of the human body, with explanation of the terms". In Chusan he concerned himself not only in relieving suffering of both Chinese and British, but also in research, especially in the relationship of climate to disease. He noted in "Intermittant Fever", which was very prevalent, that of 423 cases those cases in which quinine was exhibited "soon recovered". Elephantiasis prevailed to a great extent and he saw some 48 cases, some of which were desperate, probably reminding him of poor Hoo Loo who had hit the headlines ten years before in England. He noted five cases of Opium smoking and that all the females attending had small compressed feet. Whilst he recognised that the hospital was not open long enough "to afford any certain data, on which fully to rely"; neither was "the population in those districts, so accurately ascertained as to show the relative amount in that and other localities in China", he was researching and learning to introduce Western medicine in five months intensive work with a "young man of much promise assisting him" (Parker's description of a Chinese medical student). After this he returned to help one of the new London University Bachelors of Medicine, Dr. Benjamin Hobson, who was by now running the Macao Hospital.

Guy's had originally been suspicious of the new degree in medicine, which Hobson had obtained from University College, before coming to China with the same London Missionary Society as Lockhart. Little did Hobson and Lockhart realise at this time of working together at Macao, that 30 years later Hobson's son John Morrison (named after his grandfather Robert Morrison, the first protestant missionary to China) would be studying medicine at Guy's. J. M. Hobson entered Guy's in 1870, the year Samuel Wilks was elected Fellow of the Royal Society. Besides recognising Hodgkin's disease, Wilks alluded in his pathological lectures to the interesting pictures of Chinese patients which could be seen in the Guy's museum. These pictures include the only known version of the patient Parker had brought from his Canton Hospital to open the Macao hospital. Any consideration of the part played by the United Hospitals in introducing Western medicine to China must inevitably hinge on these famous pictures which remain restored and annotated in the Gordon Museum at Guy's. In this gift to Guy's, Parker obviously recognised both Colledge's and now Lockhart's contributions. Providing us with colour portraits in pre-photographic days, we must now turn to the story behind them, which can be used to highlight Guy's and St. Thomas's contributions to introduce Western medicine in China.

Whilst Lockhart moved from Macao to Chusan and back again, Parker continued working and diligently reporting from his Canton Hospital.

Patients of note were painted by the Chinese artist Lam Qua, who made no charge as Parker did not charge "for cutting". They may originally have been executed in a most delicate manner on rice paper and then processed into Western-style versions in Lam Qua's studio, which an English surgeon Charles Toogood Downing has described. The oldest painting represents a 13-year old girl who was case number 446, entering Parker's hospital on 27th December 1835, 54 days after its opening. Now in June 1840, with the disturbed state of affairs leading to the Opium War, Parker closed the Canton hospital with 200 Chinese patients and friends present. He now set sail for home in the United States and used his patients' paintings to advertise his work speaking at a meeting of the Boston Medical Association on the 14th April 1841. By Thursday 6th May 1841 Gore's *General Advertiser* lists the Rev. Dr. Peter Parker amongst the brief list of passengers who arrived in Lockhart's home town of Liverpool, on board the steam ship *Acadia.* It seems likely that the pictures he had used in Boston were now sent to London by a carrier such as Johnson Ann who ran daily, by land to and from London. When Parker first visited Guy's on 1st June 1841, three and a half months after Sir Astley Cooper's death, he found the collection of the paintings in the museum. He watched at other times Bransby Cooper (Sir Astley's nephew) and Charles Aston Key operate for stone upon three patients with skill and success. Aston Key had operated on Hoo Loo and was a cordial supporter of medical missions and took Parker to the Guy's museum. Parker introduced lithotomy to China in 1844. The stone given to the Guy's museum by Parker's alma mater Yale could be said to represent the introduction of the Guy's operation, although sadly this Chinese patient came too late for such surgery, as the stone was retrieved *post-mortem.*

The month following the visit to Guy's the quarterly Council of the Royal College of Surgeons considered Dr. Parker's letter to Sir George Staunton recommending the College to consider maintaining hospitals established in China, to found others and "grant their aid and cooperation in the education of a number of Chinese of talent in the healing Art". The council resolved to help and authorised the President and Vice Presidents to state their conviction that "a gratuitous Surgical Education may be guaranteed to six or more Chinese Youths in some of the Public Hospitals of this Metropolis if any arrangement can be made for their care and support therein". The Guy's and St. Thomas's surgeons were well represented on this council and included Callaway in the year he delivered the Hunterian Oration, besides Travers, Green and South.

Following this resolution the College was taken up with congratulating Her Majesty Queen Victoria on the birth of the Prince of Wales and with a fire. Meanwhile there was fire of another kind in China, with the first Opium War. It seems likely that all these events prevented the Council's resolution from being implemented. Lockhart celebrated the ending of the war and the treaty of Nanking in 1842 by publishing in the *Dublin Journal of Medical Science* a translation from the Chinese on a treatise on Midwifery. This was a fitting subject to mark the birth of a new era of introducing Western medicine to China with the opening of the treaty ports. The

Case No. 446: Akae, a little girl aged 13, with a sarcomatous tumour connected with molluscum pendulum

following year in the same journal, Lockhart translated a short treatise on the Preservation of Infants by Inoculation. In considering the Chinese anatomical plate, midwifery and innoculation Lockhart laid the foundation for his immense pioneer work in starting further hospitals in China. In February 1844 he opened the first hospital in Shanghai, introducing Jennerian vaccination instead of innoculation to north China. He returned home and published a work on his 20 years experience in China in which he records that Parker presented his paintings to the museum of Guy's Hospital where "they excite the surprise of students and visitors". Before his publication, the Visitors Book of the museum records Lockhart's visit. He now returned to China as Medical Officer to the British Embassy in Peking and opened another hospital there in October 1861, treating over 30,000 patients during the two and a half years stay in the capital.

Both Colledge and Lockhart on their return from China became General Practitioners. Their surgical instruments used in China were donated to the Royal College of Surgeons, of which they both were Fellows. Their memory was retained in two of the five hospitals they helped to found. The Peking Union Medical College arose from the Lockhart Memorial Hospital. In 1912, the Canton Hospital was honoured by a visit from "a former student, Dr. Sun Yat Sen, first President of the Chinese Republic". He was listed as a life member of the Canton Medical Missionary Society over which Colledge had remained Honorary President until his death in 1879. At his visit Dr. Sun might have seen the hospitals ward named after Colledge who with Lockhart exemplified their hospital's motto:

Dare quam accipere.

The Mole Report

Mole surfaced in the Park and sampled the air of Lewisham & North Southwark and hoped that 1986 would be a vintage year. He reviewed the recent festive season with mixed feelings. His sleep had been disturbed by much singing and laughter emanating from the Physiology Theatre. He didn't mind too much for there were rumours that it was the offspring of young Ratty gallivanting around the last patient at Guy's, and that they had a message of encouragement and hope for someone somewhere. With the New Year, Mole resolved that ECONOMY was to be the okay word for 1986. The Christmas tree still there on the front steps well after twelfth night, although looking a little tired, could be kept for another year and the dustbin it was stuck in could be used eventually for some of the rubbish around the place. Unused Greetings cards from the empty wards could be sent to our friends inviting them not to send any more patients to Guy's. Talking of economics, it came to Mole in a flash why there was such a contradiction between the High Command's claimed rise in spending for the NHS and the shortage of cash experienced by those who tried to work in it. During the recent excavations of the underground passages Mole unearthed a 1966 Lunch Menu for the College Dining Room. (Table d'hote 1). Never mind the unchanged menu, just look at the cost! Mole rather fancied the Cream of Celery Soup (2½p) followed by Grilled Mackerel and Parsley Butter (10p) followed by Sliced Peaches and Custard (3p). For young Ratty, who was fond of his tucker, he recommended Baked Spiced Bread Pudding (3p) and Pickles (1¼p); that would do him nicely and he wouldn't need a credit card.

Dining Room Lunch Menu	*13.1.66*
Cream of Celery Soup	6d.
Grilled Mackerel & Parsley Butter	2/-
Roast Shoulder of Pork & Apple Sauce	2/3
Boiled Chicken & Rice	2/9
Cornish Pastie	2/1
Blanquette of Veal	2/3
Cold Veal Ham & Egg Pie	2/1
Fried or Mashed Potatoes	6d.
Garden Peas or Butter Beans	6d.
Green Salad	6d.
Pickles	3d.
Ice Cream	7d.
Baked Spiced Bread Pudding	7d.
Sliced Peaches & Custard	7d.

Lunch 3/8

Soup
Roast Shoulder of Pork & Apple Sauce
Vegetables
Sweet

Dental Notes

Congratulations to Brian Beeching, in charge of Dental Radiology, who has been honoured by the Royal College of Radiologists with the award of a Diploma in Dental Radiology without examination. His book is highly regarded, giving valuable service to both medical and dental knowledge in its field.

The neo-graduates Dental Review this year regained some of its former glory in entertainment value. In the last few years the review has tended to rely too much on scatology and direct ridicule. Happily the year of 1985 produced a review which was witty, subtle and enjoyable for both audience and participants.

A new production, the Dental House Surgeons' Review, being performed in January is eagerly anticipated. Who knows but the next show may be staged by all the staff. Any volunteers?

Computers are still ogres for some. Children become experts very rapidly. Perhaps this is in part cause for the terror even the jargon generates, let alone the bytes from the hardware. More widespread is the apathy that delays their introduction into general use in such an institution as large as ours. Progress is being made. A major effort to maximise the use of computerisation in the Dental Hospital and School is being launched.

Initially attention will focus inevitably on administrative functions, but in time Sir MacFarlane Burnet's words will hopefully give the spur to more adventurous use, say in diagnosis:

"If judgement is to be based on experience, then a machine which can give accurate weight to all the relevant information and express the judgement in terms of a quantitive probability, this will give a more acceptable answer than any clinician."

Mouthwash flavour of the month was probably Legionella. Although this was unconfirmed, for the sake of public health, we shut down for a few days to flush out every dental unit with sodium hypochlorite. Ray Harper and his team of dental maintenance engineers deserve high praise for all their hard work. No infected patient from the Dental Hospital has been reported after the possible contamination. Inhalation of the organism from ventilation systems is a known hazard. This was not our sort of problem. The media in the main were very helpful. Only one puzzled listener phoned in to ask if it was true we had AIDS coming through the air conditioning.

Dr. S. J. Challacombe
and Mr. M. L. Maberley

Dental Society Report

by R. Bryan

First, I must begin by congratulating all those successful students who passed final BDS in December, and of course, commiserate with the few who didn't quite clear their last hurdle. I would also, on behalf of the Dental Society, like to welcome those students from the Royal who failed – Guy's isn't really such a bad place to end up you know!

All final year students were invited to "Gateway to Practice", which was held in the Dental Museum on December 4th and 5th. This consisted of two sessions of talks and discussions on subjects ranging from choosing your first practice, to working in the N.H.S., and from insurance to tax. An encouraging number of students attended, including many who will be taking finals in June and I would like to thank the heads of the Children's and Periodontology departments who allowed those of us who were working in these departments the time to attend the meetings. We all found it most interesting to hear something about what we were letting ourselves in for, and I mustn't forget here to thank Dr. S. Challacombe for organising it all for us.

The first meeting of 1986 was a talk on 9th January by Professor Martin Curzon from the children's dept. of Leeds Dental School. This was entitled "Eskimo Nell Doesn't Eat What She Should!" – we all wondered what he was going to talk about. As Chief Dental Officer for the Eastern Arctic, he had spent two years working with the Eskimos. His talk included comments on the Eskimo dress and pictures of the "Northern Lights", as well as slides showing how their diet has changed since the introduction of manufactured foods, especially sugar, in the Second World War, when air-strips were built in this part of the world. Their traditional diet was of frozen meat, which they nibbled at continuously throughout the day. Now they continue with this nibbling habit, but eat candy bars and sweetened re-constituted milk instead. Consequently, most of the children have rampant caries. Unfortunately, Eskimo Nell, as well as not eating what she should, doesn't listen to what you tell her, and continues to nibble at sweet foods!

At our committee meeting on 3rd December '85, as well as discussing security, the state of the common room, the Dinner and the Ball, we welcomed our three new members, representing the pre-clinical year. They are P. Abrahams, S. Manara, and W. Schaeffer and I hope they will enjoy their time on the committee with us. They have already made themselves useful, helping us address the envelopes in which the Dean's newsletter will be sent out to all past Guy's men. I must apologise for omitting the 1st Clinical year representatives from the list in the last report. They are Miss S. Cuffin, Miss A. Dunscombe and Miss Y. Essawi.

I have been asked to remind you all that this year's Dental Society Ball will be held on Saturday, 19th April '86, at the Hilton Hotel, and it is hoped that many past Guy's and Royal students will come. The tickets will be on sale at the beginning of March, and any enquiries should be addressed to the Ball Secretaries – Miss J. Pascoe and Mr. N. Jones.

I would like to conclude by wishing all Old Guy's Men and Women, Staff and Students a very happy and successful 1986.

Physiotherapy

Teachers and practitioners have always taken an ambivalent view of one another. The one may say "I taught her all she knows"; but the other may respond "Poor old thing – years out of date – I learnt more in the first year after I qualified than in the whole of the course of my training". Both, of course, with a germ of truth. . . . The snag for the second speaker is that without the first she would not have been qualified, at all. The unhappiness for the first is that what she proudly taught was seen to be inadequate.

However, unless some sweeping changes are to erase the need for at least a basic training, both teacher and taught will have to go on living together, so they may as well reconcile themselves to making the best of a bad job and doing what they can to help one another.

In a professional group which proclaims its purpose to be therapeutic, on the other hand, why should one expect to find enough rogues and deviants to fill in the gaps which appear in the teaching ranks by virtue of defection, conception and senescence? Why, one might similarly ask, should one expect carers of the sick to become Harvard Business School clones, but that's a different argument.

Reference has been made here to the inadvisability of bowing to the spurious financial attraction of filling vacant student-teacher posts with qualified teachers. Chance, one mutters aside, would be a fine thing. Reference has also been made to Guy's proud record of training teachers to go back to less well-favoured areas, where the ethos can be inculcated into eager students who will henceforth carry with them a crumb of our tradition. Many of the areas now look distinctly better endowed than ours – further aside.

This Christmas, it was a pleasure to receive greetings from Guy's-trained teachers in Matabeleland, South Africa, New Zealand, Canada, Hong Kong. This January, it was a shock to realise that no one had even enquired about the posts lying vacant on the staff in this School. Well, that's excepting Cyril Chantler, Nigel Smith *et al*. . . .

The problem has to be faced – Schools are reluctant to take on student-teachers to follow a 15-month course, during which they contribute little to the teaching-load but cost a great deal in salary, tuition fees and exam fees. Thus it was that last December a series of circulars from other Schools arrived asking that attention of our staff be drawn to the vacancies on their staff. The central funding that was provided as a pump-primer when the present teacher-training course was introduced was withdrawn just at the time when the financial bite was beginning to be felt. We must continue to train teachers. If only we could enforce a contract which kept them at home when they qualified! Is there anyone out there who would like to resume a teaching career?

Ronald Cooper

The Bore Report

I have heard that we must all take off our hats to the business acumen of Norm the Cat. This panther of the business world managed to rip off Jamie *a whole penny* for his (Norm's) car. Anyone who knows Norm's car would realise it isn't worth half that.

I was rather taken aback to learn from our esteemed (his word) editor on his sortie to the antipodes that Guy's Hospital is not taken as seriously as we Brits would like to think. *The Sydney Morning Herald* gave great prominence to the earth-shattering research that has been going on at Guy's into smelly axillae. It appears that one really ought to make sure one's armpits are one's charm pits, because apparently women don't like B.O. It's reassuring to find the chaps are doing such important work – readers will be relieved to hear that the researchers found nobody with asymmetrically smelly pits.

Shock! Horror! Probe! I was very shocked to see posters from the Catholic Chaplaincy with the invitation to "Lay people in the Church" on a weekend away in Ramsgate, bring your own sleeping bag. Does this reflect a shift in policy, or is there a catch?

Whilst half the final year are sunning themselves on so-called electives, I hear that Phil the Slug has gone to Broadmoor. We can only hope they have the presence of mind to keep him there.

Regular readers will want to be brought up to date with news of Sniffer. This hapless, gawky, ex-rugby international managed to make a clinical chemist laugh in his path viva – a thing no clinical chemist has ever done since time began. When asked what disease he (Sniffer) would be most likely to catch in Kenya, he replied "AIDS". We can only assume that after years of failure in charming the fair sex, Graham has at last resigned himself to the ways of Sodom.

In recent years, students at Guy's have become increasingly cynical. I am therefore pleased to report that a *new moral force* has emerged at Guy's. When the drunken revellers of the final year were naughty enough to splash a drop or two of water from the fire hose in the bar after hearing they had all passed path, who should come forward to tell off the miscreants other than our very own Sports Correspondent! This is a truly refreshing turn around for Pocock, so I hope we will see him with his head bowed at the next meeting of the Christian Union.

Cedric Bore

Correspondence

A Riposte

Dear Sir,

Dr. Wedley's article in the December issue of the *Gazette* was moving to say the least but the idea is not really new.

For many years now I have been of the opinion that we really do not need qualified doctors to give anaesthetics. Let's face it, it's not that difficult to put a patient to sleep. What do you need? – A syringe, and any old drug that's lying around, a mask and a whiff of gas and nine times out of ten it works. If there are problems with that tenth patient, well, it's the luck of the draw. You can't win 'em all.

The glut of out-of-work anaesthetists could then be gainfully employed helping the displaced theatre and OPD nurses who would be working on the wards. The anaesthetists who were considered unsuitable for ward work could operate the many computers which would be needed to record details of the hundreds of extra patients Guy's would then be able to treat.

Kind Regards,

EILEEN DIXON
Theatre Superintendent
St. John & St. Elizabeth Hospital

Consultant Nurses

Dear Sir,

My friend, John Wedley, has taken temporary leave of his senses in decrying the usefulness of nurses in the out-patient clinic. I am sorry and puzzled to learn that he has to run his valuable clinic without the help of a nurse since I thought that he had the assistance of a particularly experienced nurse. Of course we could manage without nurses if we had to but we would have to reduce the number of patients seen which is unacceptable in specialities with long waiting lists. I cannot deny that the role of the nurse in the paediatric intensive ward may be more obvious and glamorous. However, his or her colleagues in a busy out-patient clinic can improve the "productivity" of the consultant and reassure the anxious patient better than the unemployed youngsters who John Wedley proposes should take their place. The experienced nurse can add a great deal to the consultation, by catching hints of conversations in the waiting room before and after and taking an intelligent interest during the consultation. I have often been amused that some patients listen to me asking a question and then turn to the nurse in the room to give the answer. If we only had sufficient qualified nurses in the clinics we could ask them to do more than organise the clinic, test the urine, act as chaperones, dress wounds, dry tears and console the suffering, which they do already. They could make more clinical observations and help us to advise and reassure patients as they already do in some specialist clinics, John Wedley's not excluded.

Yours etc.

Dr. R. A. C. HUGHES
Consultant
Department of Neurology
Guy's Hospital

Apathy Anguish

Dear Sir,

The purpose of this communication is to air my feeling of discontent regarding one of Guy's most popular associations. The Rugby Club I hear you ask? No! The Football Club? *Not a chance! I refer, of course, to* The Apathy Club. Every year I am amazed at the multitudes of Guy's men and women who flock to its ranks, safe in the knowledge that they will not have to go to any meetings, play any sport, or indeed contribute anything to further the good name of the Hospital. Occasionally however, members are called upon to do their duty, when they must proclaim to one and all that "there is nothing going on in the Hospital" and that the last function, whatever it may be, was appalling. One of the most recent (and glaring) examples of the spreading influence of this society is the failure of this year's new clinical Dental students to arrange a 2nd B.D.S. Revue. I trust that their successors will not display the same degree of lassitude, but will make efforts to continue one of the Hospital's most revered events.

Please may I use the pages of your hallowed publication to implore all Guy's students and staff to resist the temptation to join this club, but rather to support and strengthen the many other Societies, (both Academic and Non-Academic) that exist at this Hospital. It is my own opinion that someone, somewhere, has given each and every one of us a chance to study at this establishment and that each and every one of us should give something in return.

WARWICK HARTY
House Surgeon

Balanced Intake

Dear Sir,

I was delighted to read your comments in *Passim* this month in regard to the apparent current trend of selecting "high quality" applicants as medical students. Looking at the picture of my pre-War, pre-clinical class I think that all of them would have agreed that none were highflyers but good all rounders who enjoyed hospital life to the full and following qualification become good doctors in the context of the hospital motto either in hospital or general practice.

Admit a few academics for potential back room research but let the rest be good average who will add something to hospital tradition rather than sitting swotting day and night.

Yours sincerely,

W. B. D. MAILE,
Prinsted Grange,
Prinsted, Emsworth,
Hants PO10 8HT.

Sport

ASSOCIATION FOOTBALL

1st XI

Guy's 7 St. Mary's Hosp. 2

Tension was rife. Having lost our one and a half season unbeaten record in such appalling fashion to the School of Pharmacy(?!), could our young heroes bounce back? Conditions were perfect for our brand of fast attacking football (reference: every single RFC programme). Meadie had doubled the crowd by bringing his mum as well as his dad to the match. Ready to go? . . . First action, Skip jinks one way, then the other, One–nil. Jogging back to the half-way line – trying not to smile – he thinks "gonna get a hatful". Fifteen minutes later, Tucker jogs back to the half-way line having scored his fourth goal – five–nil. "Selfish Bastard" mutter the team, disgruntled. One fine, majestic header, an opportunist volley, a deadly finish from two yards and a miskick through the "keeper's" legs, are the boring details.

A lull in the scoring but Guy's continue to dominate. Bill "I'm leaving on the 6.06, and I haven't got any money but can I join in the drinking games anyway?" Schaeffer was commanding in defence. David "I'd rather go to a party with the wife at 5.00pm than stay and have a pint with the boys after the match" Bailey tidies up nicely at the back. In midfield the rejuvenated, aggressive, and very, very old Alex Williams was "a tiger" (his words). Not only this, but it was after his gruelling neurology research project (do synapses fire after three litres of white wine drunk in two hours?). The referee kept the sour-faced, whingeing and not very good Mary's players under strict control (thanks Nigel, but what about the penalty?). No-jugs Taylor added a sixth after fine work from Calorgas. Skip cracks a joke and the Cat shouts "keep the concentration up Nav!". What a professional and disciplined team we are.

The second half was a bit of a stroll. The Irish Fool decided that we'd been far too nice (contact the Sp. Ed. for details on how to be too nice) and was penalised for casually sticking his studs into the thighs of a whingeing oppo' player. Since he followed this with a knee to groin and straight-fingered jab to the larynx, a marginal decision of direct free-kick was given on the edge of the box. The Cat was too busy getting the hair out of his eyes. Six–One. Further Guy's dominance, smooth, fluent, easy play despite the Fool, culminated in an explosive twenty yarder into the top corner from that most famous of left feet. Seven–one.

Feeling painfully embarrassed by the lack of opposition provided by the humbled Mary's boys, Bill S. passes the ball to the oppo'; Dobber dives out of the way of the cross; Meadie swerves and blasts the ball at our own goal; Tony parries straight to the oppo' centre-forward. Seven–Two. Final whistle.

Team: Gardner, Shannon, Allington, Bailey, Schaeffer, Meade, Williams, Callaghan, Tucker, Taylor, Masani.

Not Recently Aroused

I.C. IV 2 Guy's II 1

Once again, Wednesday lunchtime saw Nigel sniffing around The Spit searching for any able-bodied (no not you Norm) person to fill the final place in the side. Sniffing being one of Nigel's fortes, he managed to persuade Paul Staker, yet another rugger bugger, to accompany the chaps on the unenviable trip to the wasteland of Heathrow. Indeed persuasion was again required to entice two dental freshmen from the acrid atmosphere of their biochemistry practical; fortunately doctors Tammar and Evans – The Saint and Greavsie of the bio-molecular world – offered their services for the afternoon should Nigel's plea fail.

Brian Jenkins, a life-long admirer of public transport, insisted on leading the junior members of the team to Heathrow via tube and bus, whilst the hierarchy made their way there in the far more luxurious mode of Croucher's car. Such is our regard of Brian's passion, that we have agreed that he may travel to all our matches courtesy of London Transport, even when everyone else has lifts.

Heathrow has proved to be our bogey ground for the last few years, and as it turned out, today was to be no different, there were bogies all over the place. (Ha Ha)

One goal down, within three minutes, might have signalled a massive defeat for most teams, but Guy's II are made of pretty stern stuff, recovering their composure quickly to play by far the most creative football of the game. Despite the pressure our rewards were scant. Nige squandered the best chance of the half but was instrumental in setting up other chances for Elphick and Croucher. Staker fitted in well at full back – combining well with Jolly Jim Gardiner and Fantastic Frank on the right. All in all, a frustating half – one down to a side who would have been easy meat last season.

The second half began with Guy's again on top, and this time our efforts paid off. Elphick finishing well from about 15 yards, thus redeeming a somewhat indifferent first half. Unfortunately this proved a turning point. Guy's fell apart, the midfield lost its fight and commitment whilst the defence floundered against mediocre opposition. With about 15 minutes to go I.C. were awarded a free kick just outside the area. Not a particularly threatening situation at this level but then one doesn't expect the Iranian member of the wall to break into his national dance, skidding daintily over the ball allowing it to trickle past the unsighted Pocock. Guy's failed to get back into the game and once again returned to H.Q. disappointed.

It has to be said, that if we are to repeat the success of last season, players have to show more commitment on the field and make every effort to be available for both Wednesday and Saturday fixtures. It is important that we have a settled side, therefore players who cannot maintain the commitment required should make it known now, so that other players can be found to replace them.

Team: Pocock, Carapeti, Staker, Jenkins, Abrahams, Croucher, Elphick, Guppy, Marchbank, Gardiner, Saf. (T.T. – Carapeti)

G.F.G.

RUGBY CLUB

Guy's 1st XV

Old Merchant Taylors	H	L	29–4
Nottingham	H		C
Purley	H	L	28–14
Old Cranleighans	A	L	16–15
Old Mill Hillians	A	W	9–6
Esher	A	L	18–11
Old Blues	H		C
Sidcup	H	L	42–0

OMT: With some good play in the first half Guy's were very unlucky not to produce results and at half-time the opposition were leading 9-0. In the second half, however, fatigue took over and loose tackling and poor cover allowed OMT to run in 3 tries in the last 10 minutes and secure victory by a wide margin. (The Guy's try was scored by Richie Thomas after an impressive move involving most of the team.)

The Nottingham match was cancelled by the opposition apparently because they had booked two fixtures on the same day. Could it have been, however, as was whispered in quiet corners of the bar that the tremendous performance of the Guy's 'Titans' had struck fear into the opposition and that the sacred ground of HOP was somewhere they dared not venture? Who can tell? We will have to wait until next year to try to gain revenge for the narrow victory they recorded against the club on the last occasion we met.

The Purley game saw another magnificent performance by the forward octet; the disparity in weight was countered with impressive speed and aggression in the loose. Mike Seare appeared surprisingly quick-witted and fleet-footed by managing to charge down an attempted clearance and fall on the ball for a try.

The game was eventually lost in the final minutes but it was by no means a disappointing performance although, of course, it would have been very nice to have won.

"PILT"

Old Cranleighans

After arriving in South-West London in dribs and drabs and finding yet another 1st XV line-up, the return of Pete Dooley was immediately felt as the Guy's pack played enthusiastically and managed to get around the park well. Good defence in the backs and some adventurous running by Mike Coleman saw half-time arrive with Guy's ahead in all departments.

The second-half however saw perhaps the worst one minute of Guy's play during this season, if not during its entire 142 year history. A spate of continued back-chat to the referee saw a try handed to the opposition on a plate which was converted. Further attempts at gentle verbal persuasion saw a penalty from the kick-off which was run by the opposition and terminated by "too-tall Thomason" in a high tackle. The ensuing penalty was converted and Old Cranleighans took the lead 16-15 two minutes before the final whistle.

The game epitomises the recent form of the 1st team and a game which should have seen a Guy's victory in a season bereft of success was lost due to a basic lack of discipline.

"The Grim Reaper"

Old Mill Hillians

Perhaps the best match of the season so far. Docker led by example and Pete Dooley had an outstanding match at No. 8. The front row dominated in the tight, Mike Coleman had several penetrating forays and in fact everyone played well. Mill Hill's counter attacks were snuffed out with determined cover-tackles and for once a solid team effort led to a well deserved victory.

Esher

Struggling to find 15 players we finally left Guy's in carefree mood for a match under floodlights. Esher failed to use the ball won by their larger pack and Guy's were able to take the lead with a marvellous opportunist try by Docker. Later, Esher put their extra strength to good advantage and regained, and then extended, their lead with a brace of push-over tries. In the closing minutes Guy's rallied with another piece of characteristic inventiveness from Docker who engineered a break and put Mike Seare clear for a try in the corner. Unfortunately time was against us and we had to be content with going down fighting.

Sidcup

Very disappointing; a sorry way to start the New Year. The game was somewhat reminiscent of that of Nuneaton earlier in the season except, luckily, the opposition was not as talented – otherwise we would have undoubtedly faced a similarly humiliating result, although 42-0 is hardly flattering.

Congratulations are due to Graham Meharg on winning his Blue and to Chris Barry, Mike Coleman and Richard Thomas on winning their Half-Blues.

Hospitals' Cup

The Hospitals' Cup second round match against a combined Middlesex/U.C.H. side will take place on Wednesday, 5th February. Buses will be provided to transport those wishing to come along. Anyone who attended last year's match against St. Mary's will know how much of an occasion these games are, and how greatly the team was encouraged by the tremendous support it received. Please, help us again this year.

PILT

Guy's IV v Old Actonians
Won 28-0

Even with fourteen men, and playing half the game in darkness, we scored an excellent win over the O.A.s.

The team was as per normal, not missing the inept peformance of a certain lanky First XV man who played the week before. The play was spread out nicely to the wings, enabling Pops and Terry to score good tries. "Stumps" was set up by an amazing pass by Pops, (the pass was amazing in that it actually connected), and scored his first ever try. One is lead to believe that "Stumpy" (B.P. Hons!), is an old fisherman, as the tale of this try has grown and grown. Now it seems that he dragged the whole of the 2nd Royal Artillery Corps over the line as well as the opposition pack! No, it was a good try and we thank "Stumps" for dragging along after another wet night!

Although the ref was useless, we deserved to win, the best performance I have seen by a IV team side.

"Stumps" later took his eight gins like a man, the same cannot be said for "Tefal's" eight orange juices much later in the evening.

Team: Hogan, the Jockey, "Stron", Terry, McNight, Conchie, Pops, Griffo, "Chops", Foley (Captain), Cameron, "Tefal", "Stumps", Peter.

1985 Results:

Won – 3	For: 119
Lost – 5	Against: 233
Drawn – 1	

Mr. Muscle-Rub

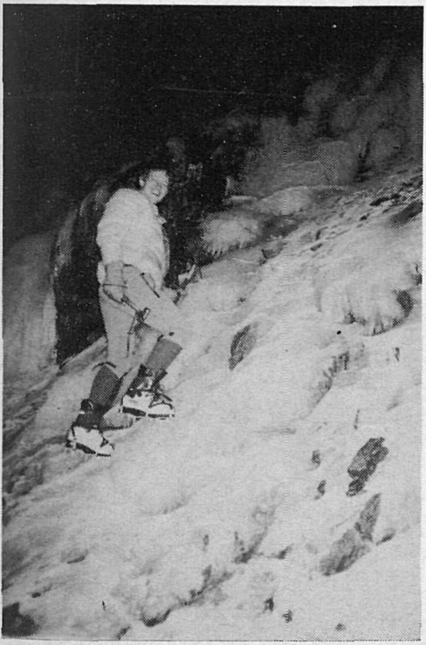
MOUNTAINEERING CLUB

Cairngorms New year Trip

Late Friday 27th December 1985 ten winter sports fanatics left London in a minibus laden with skis, ice axes, climbing gear, Salamon ski-boots and tents! Yes tents, so that we could appreciate the finer aspects of a Scottish winter.

After an exhausting journey travelling through the night, flattening rabbits (stunned by the headlights), we arrived in Aviemore. Temperature in the shade was −8°C. At the campsite by Loch Morlich there were problems in the chilly early morning. In order to drive the tent pegs into the frozen ground the old technique of urinating on the pegs to thaw the ground was sadly not required. Karen had quickly found a long nail and had managed to put it to good use erecting the tents in these arctic conditions. That afternoon the more enthusiastic and somewhat impatient skiers (Lynton, Simon C., Roger, Ghazala, Karen) shot off to the slopes to reconnoitre the local alpine skiing. Reporting back they told of long lift queues and patchy snow-cover on the piste. In the evening after a not too lengthy search an HQ was found, 'Red MacGreggor' in Aviemore where many a long, dark evening was happily spent by the team planning the next day's activities over a 'wee dram' or two.

On Sunday a pre-dawn start (temperature −17°C) enabled the team, although some were reluctant to leave the embryonic warmth of their sleeping bag(s), to enjoy the pleasures of slalom skiing, using people, rocks and fences as obstacles. Tom Brink established a ski school for the less experienced whilst Lynton, Roger and Karen amused themselves bashing down the piste on the more difficult run, before being 'piste off' with the bashes due to lack of snow cover. The true mountaineering spirit was beginning to show through as GHMC members abandoned their skis. They trekked to a rock cluster remote from the mayhem of the piste. Lunch was spent at 1000m. on a sunny pinnacle with magnificent views of the Spey valley below. We skied till dusk.


"Gear Freak"

Back at the campsite in darkness the reality of arctic camping was beginning to show: cooking oil and toothpaste – frozen solid. Even the hot showers promised by leader Lynton were frozen. This provided the ideal excuse for a visit to the nearest swimming pool, jacuzzi and sauna the next day having arrived too late that day.

Monday brought fantastic skiing for Simon and Ghazala on the now complete (almost) upper slopes (heavy snowfalls now a regular occurrence at night). Tom, Ian, Geoff, Karen and SPL went for a walk to check out the 'corries' for prospective ice-climbing. First of all a trip was made to nearby 'gearshop' so that SPL could buy a pair of plastic climbing boots. These matched his newly acquired down duvet and enabled him subsequently to win the title of 'gear freak of the year' in the club's new year's honours list. Fully geared up the group set about their task without a precious minute of daylight lost. Meanwhile Lynton (resident Ski-mountaineer) and Roger (his apprentice) decided to view the ice-climbing prospects from above on the Cairngorm plateau (1111–1309m.). Roger wrote the following account in the club journal:

"Roger and Lynton went Mountaineering skiing on the Cairngorm plateau. Comment in brief on the trip was: WHITE OUT, BLOODY FREEZING, ROCKS EVERYWHERE, BLOWING A HOWLING GALE, SKIING TECHNIQUE TERRIBLE, GREAT FUN!!

"Set out at 10.30 had to climb the White Lady piste as the lift was closed due to high winds. Arrived at the café at the top well knackered, drank 1.5 litres of water each. Rested and then continued. The wind was blowing snow horizontally, quite hard to ski into. Got to within two miles of Ben thingamay/bob (Ben MacDui) but had to turn back as ran out of time. At this moment visibility was down to ten metres. Got to radio relay station on Cairngorm no problem. However on leaving in bad visibility we got off course as Lynton wanted to ski down. We ended up on the other side of the ridge and too far down. Walked on a compass bearing in a blizzard for a while. Conditions really fun, white out. The only thing to see apart from white was ski-sticks. Now carrying skis with the wind 40mph and increasing we climbed up a fairly steep slope knee-deep in snow with darkness rapidly falling. Eventually found the top chairlift and Lynton skied down whilst Roger attempted to run down. Got to the bottom at 4.30 in time to meet the rest of the team and catch the minibus to the campsite."

The last day of 1985 was spent by Lynton initiating Geoff to the sport of ice-climbing. They climbed the Runnel (150m. II/III) on Coire an t'Sneachda, the most popular ice-climbing corrie in the Cairngorms. All the others went for a long winter walk over the hills and through the valleys, forests and wild life parks (what about the trout farm?) to arrive in Aviemore in good time for the pubs. They started the New Year celebrations early. Hogmanay ended on New Year's day with Lynton and Roger 'swimming' in Loch Ness.

On the 1st of January Tom and Ian set off for a three day tour of the 'bothies' in order to circumnavigate the Cairngorm massif; tough going, thirty miles in all especially without skis. Meanwhile the rest of the mob had an acute attack of ice-climbing fever. Preliminary training in the use of ice axes and crampons took place on New Year's day:

"With all this equipment I could climb anything if I had the bottle," Portman-Lewis.

"I've got sticky fingers," Geoff Groom.

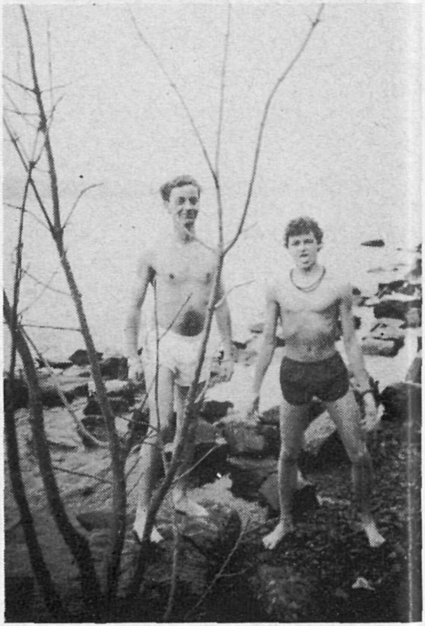
"With all this insulation I will never get cold," Jaques.

"I am game for a laugh," Roger.

With "Complaining" Charlesworth and "Sympathetic" Ghazala the crew was led by "Unapproachable axeman" Banks back to Coire an t'Sneachda. On arrival a magnificent sight of 200m. of rock, ice and snow looked very impressive and very steep. We split up into two assault teams. Our resident female alpinist Ghazala was to lead Geoff, Roger and Karen up an 'easy grade I' called Jacob's Ladder. Lynton was to lead the two Simons up the more demanding Spiral Gulley (grade III). Jacob's Ladder provided a very interesting climb for the foursome, cutting steps (they had no crampons), practising ice-axe arrests and getting used to climbing thinly iced-over rock covered with two feet of powder snow which slid off at the slightest provocation. On the more vertical part of the gulley the threesome hacked their way up Spiral Gulley, covering ground painstakingly slowly as the conditions deteriorated. With the snow and wind small spindrift avalanches poured down the gulley and when one of these smothered SPL on his belay stance it was decided to abandon the climb. Daylight was also rapidly slipping away. The three made a 'controlled' alpine-style descent to safety. An incredible experience.

Friday 3rd saw another icy predawn start. All headed for the piste across the arctic landscape. For over seven hours (available daylight hours) we hacked up and down the now completed runs. An excellent day's skiing was had by all. On arrival back at the campsite Tom and Ian had reappeared after three days in the wilderness, Ian only managing to limp back (plastic boots). By this time everybody was fully adapted to the double-figure sub-zero temperatures and casually strolled about in their thermals getting ready for a final night under canvas. Three in a sleeping bag was found to be warmer than two. "Fall asleep and you might never wake up – so don't fall asleep!" – just wasn't true.

On the final morning a quick (previously mentioned) method for defrosting things



Loch Ness Monsters

was used to loosen the frozen tent zip. Once out of the tent it was evident that there had been a heavy snowfall the previous night. A cloudless sky with the Cairngorms looming up in the distance, a truly magnificent sight at breakfast. At the ski-lifts high winds discouraged the team from skiing, at least in that area. Instead, not to be thwarted by the weather, the team constructed a ski-jump and took to the air. At the campsite more improvisation enabled a new ski run to be opened (by the delinquent contingent) with its own ski-tow 'n' all! Later in Aviemore everyone took to racing each other down the iced-over toboggan run (Slither Slope). No-one quite reached the standard required for a place in the next Winter Olympics. However, this provided final fun to complete a very successful winter trip, which was an experience for the experienced and an initiation for the uninitiated in all aspects of winter mountaineering.

Who went? and who came back? Who will go again?

Lynton Banks, Tom Brink, Simon Charlesworth, Simon Portman-Lewis, Ghazala Ahmed, Ed Willis, Roger Walters, Ian Paul, Geoff Groom and Karen Jaques.

Who is coming on the Dinner Meet on the 14–16th February?

CAPTAIN OATES

Thirty miles at one mile per hour

As mentioned in Oates' synopsis, the week's activities included a three-day walk which was undertaken by Tom and Ian. We departed shortly after noon on New Year's day with heavy rucksacks, not planning to leave anything to chance. In retrospect it was just as well that no-one else came with us – but actually at the parting it seemed a shame that nobody else had succumbed to the temptation. Wordless communication left us in no doubt that the first stretch had to be completed without pauses. At about quarter to six that evening having navigated in the dark for at least an hour we stumbled the last paces to reach Corrour bothy (bothies are huts out in 'the sticks'). Was this place isolated? Absolutely out on a limb! Some graffiti inside was indicative of its solitude: "this is the most depressing place I have ever been." Immortal words from a stranded wanderer. In terminal states of exhaustion we cooked and drank numerous brews of tea.

I hadn't dreamt about Anna or her younger sister but felt mighty refreshed the next day. Admiring the horizontal snow we set out to reach the Shelter stone via Derry Lodge by evening. This part of the walk was blessed with totally inexplicable views of the valley systems presided over by the Devil's Point – one very hunky piece of rock (apparently the Gaelic name refers to a pointed part of the Devil's anatomy . . .). The going was considerably easier than the previous day swimming up Larig Ghru. Derry Lodge at lunchtime and Hutchinson's Hut by 2.30pm. Here Ian enforced the follow-on as we both felt good and there was daylight in hand. The weather was clear at this stage too. Ahead was a trifling 200m col to supersede. No sweat! As we climbed so the wind, snow, cloud and darkness fell to keep us company. Had we stopped at Hutchinson's that night and continued the following day I have few doubts that we would still be there now buried in some godforsaken boulder field. With a show of true-grit and tenacity, however, the Shelter stone was reached by 5.00. "Hallo! any space for two?" – the reply of, "No, there are ten of us in here!", did not fall on happy ears. One of the blokes crawled out of this most remarkable of bivouac sites to tell us that there was a cave somewhere up the back. Ian fetched water while I looked for our bed.

The Cave will probably always remain the most amazing place I have ever spent a night. Two vast slabs of rock, thrown against each other like encyclopaedias fallen off a bookshelf. The entrance had been filled in with stones and inside a bower had been created by larger blocks of granite skilfully placed by previous visitors. Under the massive sloping roof of warm brown rock we set to cooking a meal worthy of the gods. Using fresh, still frozen mushrooms and carrots with plenty (oh yes, mmmh) of garlic, seasoned with clouds of chilli powder and mixed herbs, a sauce was conceived (with tomatoes) to rival any I have sampled before or since. The pasta just slithered down and we used the water to make a cup or two of soup. After a hilarious incident with a mouse sleep was sought.

In spite of Gore-Tex the night was not fantastically comfortable. So we put on our 'biscuit' boots (frozen) and started without further ado. The next five hours were spent wading through snow, which was thigh-deep at times. The boulders which the fresh snow had concealed made progress hazardous and spirit-sapping. We completed about two, maybe three miles in this time. Another lucid decision by the bearded sage meant a great saving of time though probably not effort, as we staggered up to yet another col overlooking an invisible Loch Avon. Boulder field (whoopee!), so more blind stumbling. Here we met some newlyweds with all the latest gear (what you gonna do 'bout that SPL?). We later surveyed their camping spot delineated by yellow trickles in the snow. With growing fatigue Ian slipped, spraining his ankle (a nightmare). Fortunately the heavy going was all but over. A mere five miles or so to the Glenmore campsite. So we slipped into cruise-mode and nonchalantly strolled home (with only a dump-stop each). A most startling view assailed us as we emerged within a mile or so of Glenmore. Up ahead – directly in the direction we were walking – was Chalamane Gap through which we had walked two days before. I gazed at the block of land that was the Cairngorms and visualised the full extent of the round trip we had made – big or what?

We were back at the campsite at 3.00pm. That day had been ten miles fairly round. The day before eleven and more, with the first day a mere nine miles. I think Ian would agree that we were tired on our return but that the trip as it turned out to be had been an epic. The whole week in Scotland had been superbly memorable with every option being explored and all types of terrain traversed. See you at the Dinner Meet.

CAPTAIN FLORA PORRIDGE

BOAT CLUB – AUTUMN TERM 1985

The Boat Club enjoyed a successful term. A wealth of new faces with great enthusiasm (and possibly talent) was directed towards the boathouse at Chiswick, to frustrate the Welshman in his attempts to organise tanking sessions for the considerable number of crews and inconsiderable number of coxes. Resplendent in his green wellies, which have seen a lot more action than he would admit to, the Welshman conceded a moderate degree of success. Several dentists decided against much rowing, some pathetic cry of 'exams', but one stopped rowing when his trendy glasses disappeared over the side. He hasn't been seen since.

Socially, the Boat Club dinner at the Cumberland Hotel carvery was a great success. A rousing toast to St. Thomas's, proposed by our ever youthful President, rather shocked the other guests present as the 68 strong Guy's contingent responded in true Boat Club tradition. Needless to say he got his just deserts come the end of the meal.

The highlight of the term was University Hospitals' Regatta on Saturday 30th November rowed over a gruelling, mile long course. Guy's entered six crews in total in both the novice and more experienced junior events.

The day started with the men's junior four clashing blades with an impressive looking George's crew and then pulling away to a comfortable victory thus qualifying for the final.

Next came the ladies' four, who had been practising hard all morning, and lo and behold they won beating two other crews in fine style to also qualify for the final of their event.

Third on show were the ladies' second eight, as fine a crew as ever deigned to grace Frank Law. Alas they were narrowly defeated following a spirited comeback by the opposing Bart's crew in the last 100 yards.

Following a disappointing row in the U.L. regatta the men's eight were strengthened by the addition of a certain 4th year medic whose mind was temporarily diverted from his more rural pursuits to concentrate on the biped variant of the animal kingdom, namely the final of the junior eights. As ever he performed to full expectations as Guy's strode to victory by a good two lengths (one of which was Al's) and in celebration of this bow treated the river to dinner and probably breakfast as well.

The ladies' first eight in the final of their event, had also made crew changes in the hope of gaining even more glory for Guy's on the river. Inspired by the fact that their opponents had only just scraped to victory against our second crew they rowed with a rare fervour and wore Barts down to secure a second victory.

While the taste of success was still fresh in their mouths three of the first eight had to row in the final of the junior fours. The short interval between the events worked against us, as despite a gallant row we finished second to the London, beating Mary's first crew into third place.

The ladies' four alas also failed to return to their winning ways of the morning and could not stave off defeat despite rallying courageously towards the end of the race.

Our last event was a scratch men's novice four, who by virtue of a piece of good fortune found themselves in the final of their event vs. the Vets and the London. Against all odds they were half a length up on the Vets with only 20 yards to go and the London bringing up the rear some way behind. Alas the Vets decided they could no longer win by fair means and veered across into us, thus bringing both boats to a standstill, only for the London to surreptitiously cross the finishing line first. A re-run was ordered, but our crew, fatigued more by the verbal abuse they had given the Vets than the race itself, could not rekindle their earlier fires and slid rather ungraciously to defeat.

Men's crews; Eight: S. Khakoo, A. Brown, S. Huins, A. Rose, C. Peebles, A. Ward, S. Andrews, D. Mehta.

1st four: S. Khakoo, A. Brown, E. Reed-Ward, A. Ward. 2nd four: D. Pryke, D. Quick, D. Maudgil, Tim.

Ladies' crews; 1st eight: H. Palmer, L. Hunter, G. Skailes, S. Robinson, C. Pearson, S. Cokayne, C. Barnwell, H. Forbes.
2nd eight: S. Meisner, Stephanie, S. Duncan, S. Newns, Becka, M. Hudson, A. Dunscombe, E. Nicholls.
Four: G. Skailes, S. Cokayne, C. Pearson, H. Forbes.
Coxes: D. Pryke (most crews), S. Andrews, L. Hunter, S. Khakoo. D. Mehta (1 crew each).

Sik on the river
and Rowlocks Rat.

Hospital Information

PASS LIST

The following students qualified M.B., B.S. (London) Nov./Dec. 1985

CHONG, Michael Beng Yee
DONOVAN, Christopher John
DWYER, Martin John
GOULDING, Steven Tarquin
HALLIDAY, Jeremy
HWANG, Arthur
JOSHI, Naresh
MORAN, Simon Gavin
STONEHOUSE, Mary Patricia
TUDDENHAM, Ann Davina

L.R.C.P., M.R.C.S. Sept. 1985

O'DRISCOLL, David Lawrence

The following students qualified M.B., B.S. (London) Part IV Nov./Dec. 1985

AMIN, Niro Kaniz Fatema
BARNES, Susan Jane
BARRY, Christopher Leo
BAVETTA, Sebastiano
BECK, Rupert Oliver
BEER, Naomi Rosemary
BISWAS, Anupam
BLAKEY, Richard Trevor
BLANCHARD, Thomas John
BODANI, Hitesh
BROWN, Ian Michael Campbell
BROWN, Phillip Michael
CAHN, Anthony Peter
CARR, David Maxwell
CATTELL, Caroline Ann
CHAPMAN, Wendy Alison
CHIN, Christopher Augustus
CHOWDHURY, Rana Surajit
CLIFT, Simon
CONWAY, Zoe Frances
COOK, *Gary John Russell*
COOK, Hilary Anne
COTTEE, Mark Andrew
COUSINS, Paul
CRANSTON, Iain Charles Pearson
CRAZE, Janet Lindsey
CUNNINGHAM, Astrid Coreen Elizabeth
DAVIES, David Samuel Tibbott
DENTON, Christopher Paul
DUMBRELL, Mary Theresa
EDMUNDS, Catherine Jane
EDWARDS, John Richard
EVANS, Jennifer Anne
FERRARI, Miles Richard
FLEMINGER, Martin
FREEDMAN, Sarah Anne
GHOSH, Partha Pratim
GOODALL, Jonathan Richard
GOWER, Simon Nicholas
HAIN, Richard David William
HALL, Marcia Rosalind
HARRISS, Duncan Ross
HENSHELWOOD, Julie Ann
HERBERT, David Thomas
HEYES, Camilla Bridget
HO, Wai Tsun Vincent
HODGKISS, Andrew David
HOLLAND, Mair Eluned
HORNUNG, Elizabeth Anne
HOTTON, Thomas Howard Edward
HOWARD, Janet Clare
HOWELL, Julia Ann
ISMAIL, Farhana
JENKINS, Ieuan Harri
JENNINGS, Piers Julian Francis
JENNINGS, Roderick Stanley
KHAN, Parvez Saeed
KWAN, Douglas Kee Yat
LAMACRAFT, Gillian
LATIMER, John Alexander
LITTLE, Felicity Anne
LITTLE, Jeffrey Peter
LOUKOTA, Richard Adrian
MacFARLANE, Neil David
MAINI, Kunti Mala
MALCOLM, Janet Margaret
MARDON, Jacqueline Margaret

The Professionals in Protection

The Medical Protection Society is an independent, non-profit making association of doctors and dentists, governed by an elected Council, with full-time Secretariat who have a background of hospital and general practice, law and administration. A firm of Solicitors is retained, with long experience in the legal aspects of medicine and dentistry, and with agents throughout the world, (excluding the United States of America).

Founded 1892

The Medical Protection Society

50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: 0532 442115

93 Years Young

MARSH, Deborah Frances
MARSH, Michael John
MAY, Stephanie Diana
MAYNARD, Nicholas David
MEAD, Andrew Guy
MILNER, Astrid Ann
MURPHY, Conrad Frederick
NAGPAUL, Seema
O'BRIEN, Christopher John
O'FLYNN, Desmond Robert
PATEL, Rajendra Nagindas
PATEL, Subodhkant Rambhai
PATERSON, Helen Mary
PEEBLES, Donald Mark
POWELL, Katharine Isabel
RAHI, Jugnoo Sangeeta
READ, Paul John
ROBINSON, Grant Trafford Michael
ROBINSON, Julian Norman
SADLER, Gillian Mary
SAMPSON, Stephen Andrew
SAUND, Narinder Singh
SCOONES, Anne Victoria
SEALE, James Richard Cluxton
SEATON, Yvonne Cathryn
SMITH, Catherine Howard
SMITH, Graham Colin
SPENCE, John Anthony
SUTIN, David Gregory
TANNA, Sandeep Natwarlal
TAYLOR, Christopher Bryan
THANGARAJASINGAM, Vakees
THEXTON, Penelope Jane
TOH KHAY CHUAN
TOWNSEND, Angela Joy
TWITCHETT, Mark John
WALKER, Alison Edith
WEBB, Alan Terence
WHITE, Joanne Sally
WOLLASTON, Sarah
WOU, Pearl Chi-Sun

DENTAL HOUSE SURGEON APPOINTMENTS

Resident

General Duties and Mr Bret Day
    Miss A. E. Capon
General Duties and Mr Gibb
    P. S. G. F. Hardee
General Duties and Mr O'Driscoll
    Miss N. J. Fleming
General Duties and Mr Haskell
    M. P Escudier

Non-Resident

General Duties, Periodontology & Preventive Dentistry
    A. C. Miller
General Duties, Oral Immunology & Microbiology
    R. Beard
Orthodontics & Dentistry for Children
    D. R. Young
    J. H. Parr
Conservative Dental Surgery
    25 A. M. Mitchell
    26 Mrs. D. N. Greenwold
Prosthetic Dentistry
    Miss S. E. Lloyd
    W. J. Hanks
General Duties, Conservative Dental Surgery & Oral Surgery
    I. S. Francis
    I. Mackenzie
    C. D. Pidgeon
    P. J. Ellis
General Duties, Oral Medicine and Pathology
    S. Pitchford

PAPERS BY GUY'S PEOPLE

Ackle, C., McColl, I., Adinolfi, M., Brown, S., Fensom, A. H., Marsh, J., Welsh, K. and another. Transplantation of amniotic epithelial membranes in patients with mucopolysaccharidoses. **Experimental and Clinical Immunogenetics**, 1985, **2**, 43.

Adinolfi, M. The development of the human blood-CSF-brain barrier. **Developmental Medicine and Child Neurology**, 1985, **27**, 532.

Adinolfi, M. and others. Immunological cross-reactivity of mouse alcohol dehydrogenase with rabbit immune sera against human alcohol dehydrogenase isozymes. **Experimental and Clinical Immunogenetics**, 1984, **1**, 208.

Adinolfi, M., Polani, P. E. and Crolla, J. A. Is the sex ratio at birth affected by immune selection? **Experimental and Clinical Immunogenetics**, 1985, **2**, 54.

Adinofi, M. and Thompson, L. Lo sviluppo della barriera ematoencefalica. **Neurologia Pediatrica**, 1984, **54**, 173.

Adinolfi, M., Leibowitz, S. and another. Studies on the biological effects of brain antibodies. **In**: Immunobiological studies of brain cells and functions. Oxford: Blackwell Scientific, 1985; 141–154.

Allan, L. D., Crawford, D. C., Tynan, M. and another. Spectrum of congenital heart disease detected echocardiographically in prenatal life. **British Heart Journal**, 1985, **54**, 523.

Bell, S. D. and Macdonald, D. M. The prevalence of cafe-au-lait patches in tuberous sclerosis. **Clinical and Experimental Dermatology**, 1985, **10**, 562.

Benham, F. J. and others. Assignment of tissue-type plasminogen activator to chromosome 8 in man and identification of a common restriction length polymorphism within the gene. **Molecular Biology & Medicine**, 1984, **2**, 251.

Benson, P. F. and others. Treatment of lysosomal storage diseases by bone marrow transplantation. **In**: Screening and management of potentially treatable genetic metabolic disorders. Lancaster: MTP, 1984; 69–78.

Bobrow, M. and others. Paracentric inversions in man. **Journal of Medical Genetics**, 1984, **21**, 407.

Boyd, E. G. C. A. and Holt, P. M. An investigation into the electrical ablation technique and a method of electrode assessment. **Pace**, 1985, **8**, 815.

Brook, S. S. Chinese curiosi: 19th century examples of the east-west titration. **Journal of the Royal Society of Medicine**, 1985, **78**, 945.

Clark, A. G. B., Saunders, A., Bewick, M., Haycock, G. and Chantler, C. Neonatal inferior vena cava and renal venous thrombosis treated by thrombectomy and nephrectomy. (Case report.) **Archives of Disease in Childhood**, 1985, **60**, 1076.

Collins, A. C. G. and Pickup, J. C. Sample preparation and radioimmunoassay for circulating free and antibody-bound insulin concentrations in insulin-treated diabetics: a revaluation of methods. **Diabetic Medicine**, 1985, **2**, 456.

Cook, C. Leukaemia in the family. **British Medical Journal**, 1985, **291**, 1810.

Cooke, S. G., Ratcliffe, G. E., Fogelman, I. and Maisey, M. N. Prevalence of inappropriate drug treatment in patients with hyperthydroidism. **British Medical Journal**, 1985, **291**, 1491.

Copp, A. J. Relationship between timing of posterior neuropore closure and development of spinal neural tube defects in mutant (curly tail) and normal mouse embryos in culture. **Journal of Embryology and Experimental Morphology**, 1985, **88**, 39.

Covone, A. E., Mutton, D., Adinolfi, M. and others. Fetal lymphocytes and trophoblast cells in the maternal circulation. **In**: Proceedings of the International Symposium on Early Prenatal Diagnosis. Naples: GVA Press, 1984; 13–27.

Covone, A. E., Mutton, D., Adinolfi, M. and another. Trophoblast cells in peripheral blood from pregnant women. **Lancet**, 1984, **2**, 841.

Cybulska, E. and another. Restless legs syndrome. **British Journal of Hospital Medicine**, 1985, **34**, 370.

Davies, T. W. Reciprocal inhibition of proprioceptive reflexes in man revealed by a threshold shift technique. **Neuroscience Letters**, 1985, **60**, 375.

Deverall, P. B., Campalani, G. and Anderson, D. R. Heart valve replacement. **Archives of Disease in Childhood**, 1985, **60**, 1111.

Fear, C. N., Mutton, D. E., Berry, A. C. and others. Chromosome 15 in Prader-Willi syndrome. **Developmental Medicine and Child Neurology**, 1985, **27**, 305.

Fensom, A. H., Chase, D., Crees, M. J., Jackson, M., McGuire, V. M., Marsh, J., Sanguinetti, N., Vimal, C. M. and Yuen, M. Biochemical studies on chorion biopsy. **In**: Proceedings of the International Symposium on Early Prenatal Diagnosis. Naples: GVA Press, 1984; 63–77.

Fensom, A. H. and others. Clinical diagnosis of a new case of ceramidase deficiency (Forber's disease). **Journal of Inherited Metabolic Disease**, 1985, **8**, 8.

Finer, N., Fogelman, I. and another. Pregnancy in a woman with premature ovarian failure. **Postgraduate Medical Journal**, 1985, **61**, 1079.

Giannelli, F. Nuove acquisizioni in tema di patologica del cariotipo: la tragilita cromosomica. **Genetica**, 1984, **53**, 23.

Gianelli, F., Botcherby, F. K. and another. Sensitivity to UV-A in fibroblasts from actinic reticuloid. **Photochemistry and Photobiology**, 1984, **39** Supplement, 645.

Gibson, T. J. Gout and other disorders of purine metabolism. **Medicine International**, 1985, **2**(23), 958.

Grenby, T. H. and Saldanha, M. G. Studies of the inhibitory action of intense sweeteners on oral microorganisms relating to dental health. **Caries Research**, 1986, **20**(1), 7.

Hall, S. M. and others. Vesicular demyelination induced by raised intracellular calcium. **Journal of the Neurological Sciences**, 1985, **71**, 19.

Handler, C. E., Child, A., Dorrance, D. E. and another. Mitral valve prolapse, aortic compliance, and skin collagen in joint hypermobility syndrome. **British Heart Journal**, 1985, **54**, 501.

Henry, J. A. Childhood poisoning. **Update**, 1986, **32**, 33.

Henry, J. A. Compliance. (Editorial.) **British Journal of Rheumatology**, 1985, **24**, 309.

Hodgson, S. V., Neville, B., Fear, C., Borrow, M. and another. Two cases of X/autosome translocation in females with incontinentia pigmenti. **Human Genetics**, 1985, **71**, 231.

Holt, D. W., Storey, G. C. A. and others. Amiodarone and its desethyl metabolite: tissue distribution and morphologic changes during long-term therapy. **Circulation**, 1985, **72**, 1064.

Inada, T. and Mims, C. A. Pattern of infection and selective loss of Ia positive cells in suckling and adult mice innoculated with lactic dehydrogenase virus. **Archives of Virology**, 1985, **86**, 151.

Isaacs, P. Intestinal pseudo-obstruction – a review. **Postgraduate Medical Journal**, 1985, **61**, 1033.

Jarrett, R. J. Macrovascular disease in Caucasoid diabetic patients. (Correspondence.) **Diabetologia**, 1985, **28**, 794.

Joseph, J. Neurological control of locomotion. **Developmental Medicine and Child Neurology**, 1985, **27**, 822.

Joyce, M. R. L. Congenital urological problems. **Surgery**, 1985, **1**, 631.

Kelberman, L. Contrast modification of radiographs. (Correspondence.) **British Journal of Photography**, 1985, **132**, 568.

Kingsley, G., Ridley, M. G. and Grahame, R. Reiter's syndrome – a possible consequence of artificial insemination? (Case report.) **British Journal of Rheumatology**, 1985, **24**, 370.

Kyme, M. Acute encephalitis of unknown origin in a seven year old: a case study. **Care of the Critically Ill**, 1985, **1**, 11.

Lehner, T., Caldwell, J. and Smith, R. Local passive immunization by monoclonal antibodies against streptococcal antigen I/II in the prevention of dental caries. **Infection and Immunity**, 1985, **50**(3), 796.

Macdonald, A. J. D. Ageing and first admissions for affective disorders. (Correspondence.) **British Journal of Psychiatry**, 1985, **147**, 731.

Marsh, J. and Fensom, A. H. 4-methylumbelliferyl alpha-N-acetylglucosaminidase activity for diagnosis of Sanfilippo B disease. **Clinical Genetics**, 1985, **27**, 258.

McCance, D. J., Chesters, P. M. and others. Prevalence of human papillomavirus type 16 DNA sequences in cervical intraepithelial neoplasia and invasive carcinoma of the cervix. **British Journal of Obstetrics and Gynaecology**, 1985, **92**, 1101.

McCance, D. and another. The wart virus and genital neoplasia; a casual or causal association. (Editorial.) **British Journal of Obstetrics and Gynaecology**, 1985, **92**, 1083.

Meikle, D. and another. Synchronous parotid tumors of different histiological types in association with metastasizing hypopharyngeal carcinoma. **Journal of Laryngology and Otology**, 1985, **99**(12), 1261.

Mundy, A. R. and another. "Clam" ileocystoplasty for the treatment of refractory urge incontinence. **British Journal of Urology**, 1985, **57**, 641.

Mundy, A. R., Shah, P. J. R., Borzyskowski, M. and Saxton, H. M. Sphincter behaviour in myelomeningocele. **British Journal of Urology**, 1985, **57**, 647.

Murphy, G. M. Bile physiology: theory and practice. **Current Opinion in Gastroenterology**, 1985, **1**, 648.

Nash, R., Millis, R. and others. Histochemical studies with a monoclonal antibody raised against a partially purified soluble estradiol receptor preparation from human myometrium. **Cancer Research**, 1985, **45**, 5728.

Neville, B. G. R., Berry, A. C. and Stoddart, Y. A case of malignant spinal cord ependymoma in association with a duplication of part of the long arm of chromosome 12. **Journal of Medical Genetics**, 1985, **22**, 154.

Polani, P. E. The genetic basis of embryonic sexual dimorphism. **In**: Human sexual dimorphism. London: Taylor & Francis, 1985; 125–150.

Polani, P. Organising genetic services: comments in the light of the British experience. **In**: Proceedings of the International Symposium on Early Prenatal Diagnosis. Naples: GVA Press, 1984; 115–130.

Price, M. L., Tidman, M. J., Ogg, C. S. and Macdonald, D. M. Skin cancer and cyclosporine therapy. (Correspondence.) **New England Journal of Medicine**, 1985, **313**, 1420.

Ridley, M. G., Price, T. R., Grahame, R., Jourdan, M. and Watson, M. Colocutaneous fistula as late complication of total hip replacement in rheumatoid arthritis. (Case report.) **Journal of the Royal Society of Medicine**, 1985, **78**, 951.

Robinson, R. O. Benign hereditary chorea – response to steroids. (Case report.) **Developmental Medicine & Child Neurology**, 1985, **27**, 814.

Robinson, R. O. White matter attenuation and megalencephaly. **Archives of Disease in Childhood**, 1985, **60**, 1079.

Seller, M. J. and others. Design and interpretation of clinical trials. (Correspondence.) **British Medical Journal**, 1985, **290**, 469.

Seller, M. J. and another. Periconceptional vitamin supplementation and the prevention of neural tube defects. (Correspondence.) **Journal of Medical Genetics**, 1985, **22**, 412.

Seller, M. J. Prenatal screening for Down's syndrome. (Correspondence.) **Journal of Medical Genetics**, 1985, **22**, 321.

Seller, M. J. Prevention of neural tube defects in a mouse model and in man. **In**: Prevention of physical and mental congenital defects. Parr C. New York: Liss, 1985; 313–316.

Shaheen, O. H., Robb, P. J., Watkinson , J. and Meikle, D. Variations in surgeons' workloads. (Correspondence.) **British Medical Journal**, 1985, **291**, 1647.

Shearer, M. J., McCarthy, P. T. and others. Vitamin K deficiency in breast-fed infants. (Correspondence.) **Journal of Pediatrics**, 1985, **107**, 650.

Shillingford, J. and others. Pharmacokinetic profile of controlled release ketoprofen in elderly patients. **British Journal of Clinical Pharmacology**, 1985, **20**, 567.

Simmons, N. A. Treatment of bacterial endocarditis. (Correspondence.) **Lancet**, 1985, **2**, 1250.

Simson, J. N. L. Amylase-rich ascites and pleural effusions. (Correspondence.) **Journal of the Royal Society of Medicine**, 1985, **78**, 1068.

Simson, J. N. L. and another. Temporary antimesenteric stomas without a skin bridge in infants. **Annals of the Royal College of Surgeons**, 1985, **67**, 364.

Timmis, A. D. Probability analysis in the diagnosis of coronary artery disease. (Editorial.) **British Medical Journal**, 1985, **291**, 1443.

Tracey, C. and Roberts, G. J. A radiographic study of dental development in the hypopituitary dwarf mouse. **Archives of Oral Biology**, 1985, **30**(11/12), 805.

Watson, J. P., House, F. and others. Life events and schizophrenia: a Saudi Arabian study. **British Journal of Psychiatry**, 1986, **148**, 12.

Wiseman, M. J., Redmond, S., House, F., Keen, H. and Viberti, G. C. The glomerular hyperfiltration of diabetes is not associated with elevated plasma levels of glucagon and growth hormone. **Diabetologia**, 1985, **28**, 718.

Yuen, M. and Fensom, A. H. Diagnosis of classical Morquio's disease: N-acetylgalactosamine 6-sulphate sulphatase activity in cultured fibroblasts, leukocytes, amniotic cells and chorionic villi. **Journal of Inherited Metabolic Disease**, 1985, **8**, 80.

DEATHS

MORRIS, Ian Benson, M.R.C.S., L.R.C.P., M.B., B.Ch., very peacefully at home in Canterbury. Dearly loved husband of Ann, and father of Judith and Gillian.

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY

Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

Guy's Hospital Gazette

English Pewter 1 pt Tankards, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed.

Cost £18.00

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Tankards at £18 each (plus 50p p & p.)

I enclose a remittance of £.................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Guy's Hospital Gazette

THE WILLS LIBRARY
GUY'S HOSPITAL,
LONDON, S.E.1.

ISSN: 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITOR	**JOHN LATIMER**
ASSISTANT EDITORS	**MARCIA HALL AND THOMAS BRINK**
NEWS EDITORS	**NEVILLE PURSSELL AND MARTIN STEFAN**
SPORTS CORRESPONDENT	**CHRIS POCOCK**
NURSING CORRESPONDENT	**NEIL THISTLETON**
PHYSIOTHERAPY CORRESPONDENT	**RONALD COOPER**
MANAGER	**PAT DRISCOLL**

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

	Page
PASSIM	49
NEWS IN BRIEF	50
OBITUARIES	
A. Talbot Rogers	51
J. S. Stuart	55
CLUBS' UNION NEWS	56
AN ESSAY ON THE LIFE OF SIR WILLIAM GULL PART 1 by J. Pitt-Payne	57
PILLS, POTIONS AND PATIENTS by A. C. M. Mann	61
DIFFICULTIES FACED BY THE UNIVERSITY OF LONDON'S MEDICAL SCHOOLS from the University Press Officer	64
TRANSCRIPT OF THE ADDRESS AT THE MEMORIAL SERVICE FOR PROFESSOR C. K. SIMPSON	66
UNDERWATER RAINBOW – A PERISCOPIC VIEW by our theatrical correspondent	71
GUY'S IN THE THIRTIES by D. J. Lyon	71
DENTAL NOTES	75
DENTAL HOUSE SURGEONS' REVUE by R. V. Leeburn	79
PHYSIOTHERAPY	81
THE BORE REPORT	82
BOOK REVIEWS	83
CORRESPONDENCE	87
SPORT	88
HOSPITAL INFORMATION	91

MARCH 1, 1986 VOLUME 100 NUMBER 2360
Published Monthly at Guy's Hospital, London. All rights reserved.

The Army offers medical students much more than just £5,810 a year.

If you are a student, male or female, at a British medical school, you could be eligible for a Cadetship with the Royal Army Medical Corps.

You'll need to have passed your second MB or equivalent. And you'll be required to attend an Army selection board.

But you'll get £5,810 to continue your medical studies in the first year. This increases each year thereafter.

When you become Fully Registered, to prepare you for your first appointment as a Regimental Medical Officer, we will send you on an introductory course which lasts about four months.

This course includes training at Sandhurst, training in administration and field medical organisation at the RAMC Training Centre and in the various aspects of Military Medicine at the Royal Army Medical College at Millbank.

Then, it's six years in the Army, starting with the rank of Captain. By converting to a Regular Commission you can, of course, stay longer, until you're 60 if you wish.

As a doctor in the Army your practice will be much the same as a good civilian one: fully equipped and professionally staffed. You could be working in a group practice or on your own; though you'll be entirely responsible for your own patients, be they soldiers or their families, rather like a busy G.P.

But don't think that, because you're in the Army, your chances for study will be in any way limited. While still in clinical training, a number of selected cadets may, with the approval of their Dean, undertake elective attachments at Military Medical Units in Germany, Cyprus, Hong Kong, Nepal or USA.

And you'll have the same opportunities as in civilian life for your postgraduate training in General Practice, Community and Occupational Medicine or one of the Hospital Specialities.

But a doctor's life in the Army doesn't stop there. As an officer, you'll be able to take advantage of a very wide range of sporting facilities. You'll almost certainly travel abroad, and your social life will be busy too. Many of those you meet and work with will become lifelong friends.

Finally, should you decide to leave the Army on completion of your Short Service engagement we will give you a very useful tax-free gratuity. How much depends on the length of your initial Cadetship and the amount spent by the Army on your medical training. Regular and Special Regular Commissions are pensionable.

For further details please contact Major General (Retd.) R. N. Evans CB FFARCS, Dept. 1605, Royal Army Medical College, Millbank, London SW1 4RJ. Tel: 01-834 9060, Ext 210.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.

RAMC Officer

THE WILLS LIBRARY,
GUY'S HOSPITAL,
LONDON, S.E.1.

Passim

It is always sad to do something for the last time. In these days of instant nostalgia (with Boy George singles already sanctified as "Golden Oldies"), I am already missing the *Gazette* and I have not yet finished the last edition!

It will be a shame to stop complaining about the bar (which at last seems to have peaked at 70% efficiency compared with 5% a year ago).

It will be sad to stop pouring vitriol on those who teach and organise us (did you know that up until the end of January Medical Staffing hadn't realised that Guy's medical graduates would be looking for jobs this summer. It must be a shock the way 1st August comes around *every* year).

It will also be sad to have to retire from uttering patronising condemnation of my peers (do you know that half the Guy's entry this year are apparently androgynous?).

However, the *Gazette* is not about changing the state of the nation (in which direction it has about as much clout as *The News of the World*) (which reminds me – why weren't *we* picketed when BOSP changed to the new technology three years ago?). The *Gazette* is more about providing information, a platform for points of view, and, hopefully, entertainment. It is flattering that despite this rag's being published by a crowd of bigoted, ignorant students, it is still read avidly by so many people around the world. Modesty prevents us from publishing *all* the favourable mail we receive – we lost one through the window when the wind caught it, only last year.

The *Gazette* has often been an irritation. As soon as the medical school hierarchy can open it without feeling apprehensive about some adverse remark it might contain, we might as well close the *Gazette* and let the School produce it for us. For in its editorship by students lie both its greatest strengths and weaknesses. It is a "good thing" that the voice of student opinion (or, at least, the Editor's) is heard. It is probably a "bad thing" that leaving the *Gazette* in the hands of a bunch of indolent loafers has let it become complacent and predictable. Maybe not as dull as it was ten years ago, but still scarcely the sort of magazine that brings the downfall of governments (or even the Bar Committee, come to that).

I feel justified in parting from the *Gazette* on such a pompous and self-congratulatory puff, as I think it is important that the *Gazette* continue to survive, and stimulate the same sort of enthusiasm, and even affection, as it has done in the past. So let's wipe a dewy eye, and sit back to watch the *Gazette* shake off the fetters of nostalgia, and live for another 110 years.

News in Brief

Rugby Club May Ball

The R.F.C. May Ball will be held at the Glaziers Hall on Thursday May 1st. Tickets will be on sale in Boland House in March and April priced £38/double ticket.

GUY'S·HOSPITAL·PARACHUTE·CLUB

Guy's Hospital Parachute Club is happy to be able to announce the registration of their display team 'Brothers in Arms' (BPA. Registration No: 332). We would be delighted to accept bookings for displays at events being held during the summer this year.

For more information contact Geoff Tothill via Boland House or ring us on 407 3649. See us jump into the Summer Fair in May!

Front Cover

This post-card arrived recently despite its non-committal address. Please see *Bore*, p.82.

Professor I. McColl

The Director of Surgery at Guy's, Professor Ian McColl has been re-elected the American College of Surgeons Governor for England for a second term of office.

J. S. Tomkinson

The following awards were given to Mr. J. S. Tomkinson, CBE, FRCOG, on the occasion of his visit to Cracow, Poland, as Guest of Honour at the Polish Congress of Gynaecology and Obstetrics, celebrating the centenary of the Polish Gynaecological Society, in September 1985:

Medal of the Polish Nation for Aid and Co-operation in Medicine.
(The first time this medal has been awarded to a foreigner)
The Copernicus Medal
(Highest award of the Copernicus Academy of Medicine, Cracow)
Honorary membership of the Polish Gynaecological Society

Obituaries

A. Talbot Rogers C.B.E., M.B., B.S. (Lond), M.R.C.S., L.R.C.P. (Lond), F.R.C.G.P.

Alfred Talbot Rogers was born on 5th June 1900 in Walleroo, South Australia. His family moved to South Wales and then to London where they lived in Brockley. Talbot went to Hilby Fields School (Brockley County), where he did very well in all subjects. Like many successful doctors he had no particular ambition to take medicine but agreed to his father's suggestion.

He entered Guy's in October 1916, obtaining the Open Junior Science Scholarship in September 1917. His sign-ups throughout his student career were nearly all A5s including one from the then Dr. Hurst, and one from Mr. Bromley and one from Mr. Fagge. He qualified M.R.C.S., L.R.C.P. in 1921 and graduated M.B., B.S. (Lond.) with honours in surgery in 1924.

His ability was shown by him becoming one of Dr. Fawcett's "clinicals" and he then became A.H.S. to Mr. Davies-Colley and Mr. Fagge, then H.S. to Mr. Fagge, and then H.S. to Mr. Thompson. From November 1922 to November 1923 he was president of the residents. On the House about this time were many who later became consultants at Guy's including Dr. A. H. Douthwaite, Mr. Doherty, Dr. E. R. Boland, Dr. Maurice Campbell and Dr. Louis Forman who remembers him as a very competent, highly energetic individual whom he thought would go on to surgery. In a book recently written by his great Australian friend Sir Douglas Miller called *The Surgeon's Story*, Sir Douglas said that Talbot loved to talk about Guy's and the personalities of the staff and Sir Douglas adds that his illness interrupted what would have been a natural progression to the staff at Guy's. In a personal letter to Talbot's sister, Sir Douglas stated that "Talbot inspired one with his love of music, ballet, theatre and his appreciation of good people".

On the lighter side I have several photographs of Talbot photographed with The Niggers, one in feminine guise in what looks like a gym tunic with a black headband, and one in the centre of the front row as a dashing cavalier complete with plumed hat. About this time Talbot also wrote with his friend Neville Lloyd the residents' play. One verse from a song about Mr. Hughes goes:

> Oh! I can deal with all the bumps,
> And amputate offending lumps.
> If anything's wrong, without a doubt
> I'm just the man to cut it out,
> So send him along to me.
> When once in your clutches,
> Don't send him to Mutch's,
> But send him along to me.
> No matter the lesion of which he complains,
> Whether he suffers from sprue or from sprains,
> From portal cirrhosis or varicose veins,
> Or a feeling of faintness in Underground trains,
> If he has the disease which is indexed at Lane's,
> Which is ileal stasis and all it pertains,
> No matter the symptoms he has or he feigns,
> To me you must send him,
> And I will attend him,
> Befriend him and mend him and rid him of pains.

In 1922 he became a partner in an all-Guy's general practice in Bromley, Kent, together with Dr. R. Montgomery and Dr. Dennis Whitlock. He continued in this practice for 35 years, being joined later by two other Guy's men, Dr. Arnold and Dr. Maurice Woods.

At one time in the early days Talbot nearly drowned when bathing in a river where there was a strong current at a bend, and it was largely due to the efforts of his wife that he was rescued. He had a very happy married life with Irene (née Carter), who was a nurse for a short time at Guy's. She died in 1968, and Talbot had a lonely time thereafter but filled it with all sorts of activity, particularly travel.

Major illnesses in 1926, 1930 and 1937 made him unfit for services in the forces. He remained in general practice in Bromley throughout the War serving also as one of a rota of three casualty surgeons who dealt with a considerable number of air-raid casualties brought to Bromley Hospital. He was appointed the Senior of the medical officers of the local battalion of the Home Guard with the rank of Major. Of the original members of that general practice, I think Talbot was the intellectual. He was much respected and loved by his colleagues and his patients and Dr. Arnold states that there are still those who remember him years after his retirement for what can be described as kindness and attention outside the normal course of duty. Dr. Arnold states that he has been described as a wise man who listened to all counsel but he then made his own decisions based on experience.

He was first elected to the Kent Local Medical Committee in 1932. In 1940 he was elected as one of the two representatives at the Counties of Kent, Surrey and Sussex to serve on the Insurances Act Committee (predecessor of the General Medical Services Committee). Before long he found himself as a junior member of the team negotiating with Ministers of Health upon the possible shape of the National Health Service which was still to come. He was Chairman of the Kent & Canterbury Local Medical Committee from 1946 to 1952. With the coming of the N.H.S. he was appointed a member of the South-East Metropolitan Regional Board, a Governor of Guy's Hospital, and a member of the Kent & Canterbury Executive Council. In 1952, he became Chairman of the G.M.S.C. until 1958 when he was elected Deputy Chairman of the Representative Body of the B.M.A., and after 3 years he became Chairman of the Representative Body from 1961 to 1963. In the New Year's Honours in 1963 he was appointed C.B.E. In 1962 he resigned from General Practice to become part-time Clerk of the Kent & Canterbury Local Medical Committee and eventually gave up his hospital work, and resigned from the regional board, and the board of governors of Guy's, when he was appointed to a part-time post at the Ministry of Health where he was adviser on general practice to three successive ministers, Enoch Powell, Anthony Barber and Kenneth Robinson. After five years of this service, he was appointed Consultant Adviser in General Practice where he served alongside Consultant Advisers in all the specialties for the next 4 years. From 1961 to 1971 he was one of the elected members of the G.M.C. and he also served in the first years of the Health Service as a member of the panel of medical members of the N.H.S. Tribunal.

In 1950 he was one of the group of general practitioners who successfully organised the formation of the section of general practice in the Royal Society of Medicine. Three years later he became 4th president of that section and in 1967 he was made an honorary member of the section in recognition of his services to general practice. In 1952 he was one of the small steering committee under the chairmanship of Mr. Willink which brought about the foundation of the college of general practitioners. He was a member of the foundation Council of the College and in 1963 he was awarded its honorary fellowship. In 1971 Dr. Rogers gave the Albert Wander Lecture entitled "Looking Forward with Hindsight" to the section of General Practice at the Royal Society of Medicine.

In 1973 he was heavily involved in the preparation for the reorganisation of the administration of the N.H.S. and served on four different joint liaison committees being elected chairman of two of them, that of Kent and that of the region.

It will be seen from this list of appointments that Dr. Rogers played a very significant part both in the launching of the N.H.S. and in the improvements of the status of the general practitioner in that service in more ways than one. In fact, as noted by G.E.G. in the obituary in *The Lancet* "his influence behind the scenes was reflected in the accord known as the G.P. Charter of 1966 which was one of the greatest achievements in the N.H.S. in its middle term." Again to quote from T.F.F.'s contribution to the obituary in *The Lancet* "looking back on his efforts Rogers recalled many that seemed at the time to have little or no impact. Yet among the proposals formerly deemed unorthodox were some now taken for granted: group practice; health centres; attachment of health visitors to practices; appointment systems; vocational training; and even university chairs of general practice which he proposed in 1949."

Talbot's love of mountains must have started very early in life as I am told that it was in 1921 when he first travelled to Austria for a skiing holiday. On that occasion he visited the small Tyrolean village of Igls near Innsbruck which 63 years later was to be the scene of his last visit to that country. In October 1984 Ingham's Travel, celebrating their golden jubilee, invited Talbot together with 60 other veteran skiers of the 1930s to join them in their celebrations in that same village of Igls. Talbot had only arrived back in the U.K. from a 3-week cruise the day before he flew out to Austria. As soon as he returned he was arranging a holiday for June 1985 and he chose Zermatt where he stayed for 2 weeks and celebrated his 85th birthday while he was out there. He said afterwards that he had never shaken so many hands before as he did on that 5th June in 1985. His appetite for travelling was insatiable and he must have been skiing for about 50 years and was only stopped because, by the age of 70, he found he was no longer eligible for insurance against ski accidents. When he arrived at Zermatt the airport authorities were so keen to help him in every way upon his arrival at Geneva, that he was transported in a wheelchair and put on the wrong bus. Ingham's representative had been briefed to look after him, searched everywhere and consequently missed the last train to Zermatt which Talbot also missed and they had to stay outside

Zermatt that night. But even this did not perturb him in the slightest.

He had a great sense of humour and he was fond of reporting that he was the only governor of Guy's to have a piece of his own jejunum in the Gordon Museum. Talbot certainly was one of the most interesting, amusing, intelligent men one could meet with a great facility for persuading his interlocutor that he understood as much of the problem as Talbot did himself. All of us from Guy's must salute this extremely able man. It may have been providential that the illnesses which prevented him continuing with surgery allowed his other great capabilities an outlet and a fulfilment at a time when they were sorely needed. Everyone connected with medicine and the patients themselves owe him a great debt for his unstinting efforts to launch and organise the Health Service, and in particular the general practitioners whose conditions and status he has done so much to transform and enhance.

P.R.M.

John Spencer Stuart

John Stuart, who died aged 78 years in November 1985, qualified at Guy's in 1936 and after house appointments at Hull and Southend joined a partnership in general practice at the Norfolk village of Hethersett in 1938. Until his retirement in 1974 he served as a devoted general practitioner to Hethersett and its surrounding villages and was a parish councillor. He also served his profession as a representative of the local division of the B.M.A. at its A.G.M.s for many years and held a memorable party in the beautiful graden of his home in the year he was chairman of the Norfolk Branch of the Association.

Always a loyal Guy's man, John Stuart's hero of his student days was Frank Cook. It might have been thought that there would be little in common between the dapper figure of the distinguished London obstetrician and gynaecologist and the broadly built country general practitioner in his cavalry twill trousers and tweed jacket. However, their handling of patients, the Borough ladies by the one and Norfolk farm-workers by the other, was surprisingly similar especially in the gentle shafts of a comparable sense of humour. Both men also enjoyed a flutter on the horses. John Stuart especially displayed his loyalty to Guy's by the leading role he played in establishing the occasional pre-Second World War dinners of Guy's East Anglians on a regular basis.

A regular attender at Newmarket races John Stuart often drove over to watch morning gallops on the Heath and had an above average knowledge of motor cars. These two interests have formed the careers of his children Ann and Ian. With them and his wife Joyce he enjoyed a very happy home life and to all three the sympathies of their many friends are extended.

A. B. S.

Clubs' Union News

After the eventual completion of the annual bout of Clubs' Union elections, the new committee is settling down to their various duties with a great deal of enthusiasm and commitment which I am sure will provide the basis for an enjoyable and successful year. The team of officers look well suited to their tasks — Aman Coonar, the mastermind behind the social events in Charities Week, as Social Secretary; Nigel White, who certainly seems to have acquired himself a sound knowledge of the functioning of the Bar (I'm not sure how he fares in the Library!) as Bar Secretary; and Tony Cleare as Junior Secretary.

As Elaine Parsons is off sunning herself on her elective in Australia, I feel she must be thanked for all the hard work, time and effort she has put into the Clubs' Union over the years and especially last year as President and also with the ULU medical group — I only hope I can find as many hours in the day as she did!

The major event this month was Charities Week. The huge wall of apathy that tends to plague Guy's students was once again breached, mainly by the preclinical students who, undeterred by the weather, dressed up in all manner of ridiculous clothes, paid huge sums of money for various auctioned items and nearly drank the Bar dry on a number of occasions! Events were mostly well attended and all made a profit — congratulations to Aman Coonar and his team for ensuring the week went so smoothly.

There was a good hard core of street collectors lead by Jay Ilsley, molesting the poor general public and persuading them to part with their hard-earned cash, although turn-out could have been higher at times. Most mainline stations were attacked; however, the most profitable day was the street collections in the City on the Wednesday which raised £1810.36. The total for the week was approximately £5500 which is going to the Newcomen Centre appeal.

On the sporting front, the Rugby Club beat the combined forces of UCH and Middlesex 12–3 in the 1st round of the United Hospitals Cup. The Parachute Club has just been accepted as a registered display team and will be jumping at the Summer Festival. Sadly, the Boat Club's 12-year old record for rowing from Oxford to London was narrowly beaten by Kingston Rowing Club – will the Boat Club try and get it back? These are just some of the many active clubs in Guy's at the moment, including some newly formed and revitalised ones, notably the Issues in Health group which has stirred from its slumbers, thanks to some enthusiasm amongst the 1st and 2nd years. I hope such enthusiasm will be maintained throughout the year.

Gerry Skailes
President

An Essay on the Life of Sir William Gull, Bart., M.D., F.R.C.P., F.R.S., Ll.D., D.C.L. Part 1

by Dr. James Pitt-Payne

William Withey Gull was born in Colchester on the last day of 1816. His father was John Gull and his mother's maiden name was Elizabeth Chilver. William was the youngest of eight children. Two children had died in infancy and that left three boys and three girls. In 1820 when William was four years old the family moved to Thorpe-le-Soken in Essex. His father was a barge-owner and wharfinger on the RiverLea, Essex. The family lived in a cottage about a mile downstream from the wharf.

As a small boy he attended the village school with two of his sisters. The school was run by two old ladies. When he came out of school his mother never allowed him to play until he had done a certain number of rows of knitting and he would sit on the stool and look at the clock to see how fast he could finish his allotted task. It is said that he knitted the first pair of stockings he wore. John Gull's place of work was a busy one in those days because the owners of the Estate had done their best to encourage its trade. The Estate belonged to Guy's Hospital and formed part of the Hospital's income.

Mrs. Gull taught all her children to be self-reliant and she would say, "What ever is worth doing is worth doing well." Her husband, John, was of the same mind. Once a scholarship at Christ's Hospital was offered by a friend to John Gull for his eldest son, but he turned it down in no uncertain terms saying that none of his children should ever be dependent on charity. Mrs. Gull was a Church woman of the old school although we are told that such people were all too rare. In Lent she wore black, all the Saint's days were carefully observed, and the children always had fish and rice pudding on Fridays.

In later years Gull was often heard to say that his real education was given to him by his mother, to whose careful training he owed much of his success. Unfortunately John Gull died of cholera in London when William was only ten years old. His mother's early lessons stood him well and this work was continued by the Rev. Shadrach Seaman so that his start in life was as good as it might have been expected to be without the presence of a father. Initially William had thought he might go to sea, but it was becoming evident that he was possessed of a keen intellect. His classical education was further helped on by the Rev. Mr. Browell, rector of the neighbouring village of Beaumont. We hear that a relative of the rector, who well remembered William's mother, saying she was one of nature's gentlewomen, and that she had a sweet face and manner. She attended Beaumont Church in Quaker-like costume invariably driven in a cart by one of the two "very nice daughters" who accompanied her; and the rector had a great regard for them.

In the *Guy's Hospital Reports*, 1890, we read that "The late Mr. Benjamin

Harrison, who was for fifty years the despotic Treasurer, the sagacious and beneficient ruler of the Hospital and School, was struck by the appearance and intelligence of the youth whom he found teaching in the village school of Thorpe." The story goes that Mr. Harrison had a relative who was a clergyman in the area, but how the two came to meet each other has never been made clear. Suffice to say that Mr. Harrison was much impressed by young William Gull and made him an offer he couldn't refuse by saying: "If you help yourself, I shall be able to help you." Sir William Gull, as he became, was to use this phrase often in later life.

However, in 1834 he was still a country boy on the hospital estates in Essex and there he would have stayed if it had not been for Benjamin Harrison's uncanny ability to spot talent. This was not to be for in the same year Mr. Harrison sent him to Mr. Abbott's school in Grange Road, Bermondsey. Mr. Abbott subsequently took his school and its pupils to Lewes. William worked on at Greek, Latin, and Mathematics and was able to pass the London University matriculation in 1837. Harrison then procured a free entry to the Guy's School of Medicine, and for this purpose, at a meeting of the staff, proposed that William Gull should be made a perpetual student.

He had a brilliant undergraduate career winning various prizes including those for Ophthalmic Surgery and Midwifery. I use the word undergraduate for it was unusual to have that title in those days when students were still serving apprenticeships in order to gain the Licentiate of the Society of Apothecaries. In 1841 he gained the Bachelor of Medicine degree from the new University of London and he became a Member of the Royal College of Surgeons. In gaining his M.B. degree he also attained honours in Physiology, Comparative Anatomy, Surgery, and Medicine. He was among the first to graduate at London University. While all these events in his life were taking place Gull continued to live and work in the hospital. In the following year, mid-June 1842, it was resolved at the Court of Committees at Guy's Hospital that the Treasurer be at liberty to employ Mr. Gull in the Apothecaries Shop and elsewhere and that he be allowed £100 per annum. 1843 was another busy year for Gull. He was appointed to a lectureship in Natural philosophy in accordance with the old rule that a physician should be competent to teach physics as well as physic.

During that year Mr. Harrison, to his great indignation, was summoned peremptorily by the new Commissioners in Lunacy to appoint immediately a Resident Physician to be in charge of the lunatics, as demanded by an Act just passed. The Guy's Lunatic House had been completed in 1797 and it had been decided in 1793 that it should be occupied only by female lunatics and that no more male lunatics should be admitted. Harrison assigned this post to William Gull together with a house in King Street, Borough, and he was also given medical charge of the hospital patients in the absence of the rest of the staff. Shortly after this he moved to a better residence in St. Thomas's Street, which since his time has been occupied by the chaplain to the Hospital.

Gull's labour amongst the lunatics soon brought him into close contact with Dr. Connolly of Hanwell Asylum with whom he formed a warm friendship. Dr. Connolly had carried out various humane experiments in the "non-restraint" treatment and this regime was followed by Gull who found that it was possible to send some of the lunatic women back to their own homes. By 1860 there were no more lunatics at the Hospital and the House thus far designated the Lunatic House was converted to medical wards.

At this stage in his career Gull was performing the duties that we would now associate with that of a medical registrar although that term was not officially used in the Guy's records until 1853. The original task of the "registrar" was to supervise the writing of the reports and to arrange their indexing, binding and safe keeping. In time other duties fell to his share, particularly the supervision and instruction of the students who drew up the reports. Gull fulfilled these duties and although the salary may have been small it kept the wolf from the door until he was made a physician on the Staff. The word registrar as applied today is a far cry from the original application. Strange to think that a word now so commonplace originated some hundred and thirty years ago at Guy's. Between 1844 and 1846 Gull was preparing to sit his M.D. London degree. We are told that he first felt an interest in mental philosophy and metaphysics while reading for his M.D. At that time he was in the habit of holding long conversations with the hospital chaplain, the Rev. F. D. Maurice, which would extend far into the night.

Although Gull was, first and foremost, a thinking man he was never happier than when discussing philosophical questions. He was never content with the materialistic view of the world about him and would dip into the mystery of things while always maintaining that there was much beyond our ken. By 1846 profound reforms in medical education were starting to come about, largely at the instigation of Gull. The object being to utilise the senior students in a medical and surgical capacity thus affording them an opportunity to serve in posts of gradually increasing responsibility. After some eight years living in or very near to the Hospital, Gull was more aware than most what the students needed in terms of their medical education. "The road to medical knowledge," he said, "is through the Hunterian Museum and not through an Apothecaries Shop." He felt that no student could ever learn to use a stethoscope by means of lectures. We should remember, too, that these were the days when a diagnosis depended almost entirely upon the unaided judgment of the physician, based solely on his clinical examination of the patient. A long training at the bedside was very necessary. In all Gull spent fourteen years resident in the Hospital which was a splendid grounding in the bedside basics of clinical medicine.

For all his ability in this early phase of his career he had a remarkable lack of confidence in his own ability as may be seen in the following incident. When sitting his M.D. examination in 1846 it is said that he had wanted to leave the examination room because he knew nothing of the case that had been proposed for commentary. Fortunately a friend persuaded him to stay with the result that the thesis he wrote gained for him his M.D. London with Gold Medal.

Between 1846 and 1856 Gull gave lectures in physiology at Guy's Hospital Medical School and these were combined with lectures in general pathology. In 1847 he became Fullerian Professor of Physiology at the Royal Institution, a post he held for two years. It was here that his friendship with Michael Faraday started. Faraday held the post of Fullerian Professor of Chemistry.

While life may have been a series of academic successes there had been a tragedy in Gull's private life. There are few details, but we do know that he had been engaged and that his fiancée had died. The father-in-law to be was so attached to him that he left him a considerable legacy. At, or about this time, an old friend and fellow student, Dr. Lacy, invited Gull to his wedding. Gull was reluctant to go, but he did and there met Lacy's sister Susan Ann, daughter of Colonel Lacy of Carlisle. They married in 1848. In the same year he was elected a Fellow of the Royal College of Physicians.

In October 1848 the Treasurer to Guy's Hospital, Mr. Benjamin Harrison, resigned his post. It was a job he had held for 51 years. By turns he was benefactor, mentor, and friend to Gull, in whom he had divined unusual ability. Although Gull may have lost a powerful friend at court, so to speak, this in no way affected his progress in the medical field. In 1849 he was Goulstonian Lecturer at the Royal College of Physicians; his talk was on "Paralysis". By 1851 his reputation was such that his election to the Staff of Guy's Hospital as Assistant Physician was a foregone conclusion. In October 1851 he wrote to the Treasurer to the effect that he had completed fourteen years residence in the Hospital and was desirous of changing his residence.

This he did and Dr. and Mrs. Gull went to live in Finsbury Square in house No. 8 on the west side of the square. He and his neighbour, Dr. Oldham, used to walk up the City Road for exercise before breakfast, sometimes accompanied by another life-long friend, Dr. Hermann Weber. It was at 8, Finsbury Square that Mrs. Gull had several children of whom two or three died of diphtheria. This was a source of great grief to the couple, but a son and daughter survived. The son, William Cameron Gull, succeeded his father's title and practised as a barrister. The daughter, Caroline, married Dr. Theodore Dyke Acland, M.D., F.R.C.P., son of Sir George Acland of Oxford. It was T. D. Acland who published all Gull's written work in 1894 and 1896 through The New Sydenham Society.

(to be continued)

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. *Copy dates for the next two months are March 19th and April 16th.*

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Pills, Potions and Patients

by **Dr. A. C. M. Mann**

Finding my very first National Formulary brought back much I thought I had forgotten. 1949 and I had just qualified. It was the first of the NHS Formularies and if I went back into practice now I should certainly prefer it to the latest 1985 model. Housemen at Guys did not wear white coats then and the book easily slipped into the pocket of a suit. It weighed 4.5 oz. compared with the 13 oz. of the latest edition for which a poacher's pocket is needed to hide it from public view.

I probably started at the best possible time, at the end of the long era of symptomatic treatment with its complicated prescription writing, and at the beginning of truly specific and active therapy. Antibiotics, steroids, anti-hypertensives, anti-depressives all came along one by one and so I was able to learn about each new addition to the pharmacopoeia as it arrived on the market and I was able to compare it with its old-fashioned predecessor. Maybe that is why, in so many cases, I stuck with the old remedies. Why give antibiotics and steroids to a grossly infected cheiropompholyx on the feet when it all clears up in a day or two with simple potassium permanganate soaks? Who nowadays has the tearing pain of a pleurisy immediately eased by a bread, or better, kaolin poultice? Any present day physician ordering one for a patient in his ward would probably be reported to the Three Wise Men by his horrified Ward Sister – if there still exists such a paragon. In any case, it might be difficult to find someone who still knows how to put one on.

It is a universal problem. As each new addition to our knowledge arrives something has to go, either to make room for it or else to keep the cost down. It is rather like starting handles in cars. If you've never had one I suppose you don't miss it, but it does not necessarily mean that it wouldn't be very useful to you at some time or other. As doctors we really ought to address ourselves to this matter a little more carefully and be more particular about what we throw away. Knowledge lost is never easily regained. In these enlightened days who still knows that you can heave a sigh of relief when a particularly worrying case of pneumonia suddenly produces a herpes labialis? It always used to mean that your patient would undoubtedly recover. Who is still taught that a marked diuresis often follows the end of an attack of paroxysmal tachycardia? It is not in the text-books any more and so you cannot be blamed for not knowing it, but it can be a very useful thing to have up your sleeve. So often this condition has cured itself by the time you have negotiated all the traffic and arrived at your patient's house. "Dad is better now, thank you, Doctor" and so your diagnosis is only an inspired guess. I was held up once on such a case by the whole of the Pytchley Hunt spread over a quarter of a mile of country road and when I finally reached the house no-one in the family mentioned it until I did. "Oh, yes, Doctor, I didn't think it was important, but he always has to go to the loo once or twice when he's better – even three times" I was home and dry with the diagnosis. The great cardiologists such as Paul Wood relied on this sign and, in fact, he was writing a paper on the cause of this particular type of diuresis when he died.

Returning to the National Formulary, I notice one thing which has been reduced in size, the Joint Formulary Committee itself. In 1949 there were 27 members and now there are only 8. In those days the armed forces were represented by four members, 2 from the War Office, one from the Admiralty and one from the Air Ministry. One can only guess at the cause of their disappearance. So far as the Royal Navy is concerned, doctors serving at sea are limited in their prescribing by what is carried on board, while those ashore are free to prescribe what they like although generic prescriptions are generally encouraged. It always used to interest me when I looked, from time to time, at the BMJ obituary lists, that those doctors who survived until their dotage were generally Rear-Admirals, Major-Generals or Air Vice-Marshals, together, of course, with the Superintendents of the vast, old fashioned, Victorian lunatic asylums. It surely must have had something to do with regular exercise and a life-time of delegating responsibilities. Maybe the men who tend to die young, the GP's and the anaesthetists, both of whom have to live with instant and often irrevocable decisions, might learn a lesson from this and so live to enjoy long retirements when they are finally put out to grass by their juniors.

Reading through the new Formulary is truly a nightmarish business and how anyone who has just qualified can master it all in one go, is quite beyond me. Drug reactions, interactions, drugs in renal cases, in pregnancy, in breast-feeding, these are just a few of the hazards of the new "improved" medicines of today. Most of these could be safely left unmourned in their unopened little bottles, and I wonder just how many of them will still be in use in another 40 years. Things were fairly simple. Phenobarb dealt with the hypertensives and the neurotics, digoxin and mersalyl satisfied most of the cardiac cases, and for paediatric prescribing we used the time honoured formula of

$$\text{Adult Dose x } \frac{\text{age}}{\text{age} + 12}$$

Little harm ever came to patients from the medicines of 1949, with the exception of mercury. This formed the basis of many remedies then – Guy's pills, blue pills, grey pills, yellow eye ointment, and all these still existed in the 1949 Formulary. Pink disease, or acrodynia, was an unpleasant, thoroughly uncomfortable and potentially dangerous disease in children and although we were taught always to admit them to hospital where they rapidly improved with no treatment, we did not, at the time, know the causes of it. The connection between Pink disease and teething powders containing mercurous chloride was only really proved in 1954 when these particular teething powders were withdrawn from the British market and Pink disease virtually disappeared.

My first senior partner qualified in Edinburgh in 1906, just a few years before my father and my father-in-law. He used to spend hours deciding upon the best enema for a particular patient. I did not know why, as he generally ended up prescribing turpentine ones. I never got that far into the niceties of old fashioned *materia medica* and relied, for a similar effect, on glycerine suppositories which were just as good and a lot less messy. The only other suppository I remember using contained aminophylline, good for preventing cardiac asthma and thus allowing me a few more undisturbed nights in bed. I only stopped using these when frusemide came along and then an evening oral dose produced even better results. I never had much time for other drugs given by suppository and nor did any of my partners over the years, even though one of them was half Italian. Born in a little village overlooking the Bay of Naples, her first bath was in red wine – a local custom – and she used to say that she never really got over it. She bought me a bottle of claret once when I was ill in hospital, saying that I would not begin to recover until I started drinking it. It was good advice. I visited the School of Medicine in Paris as an undergraduate in 1947 and the experience did nothing to persuade me of the efficacy of suppositories. I could never work out how a Gallic sore throat responded to Bismuth subgallate *per anum*. It always seemed the wrong way round, somehow, and so, later in life, I was a regular disappointment to a Greek lady patient who wanted all her various treatments over the years either by suppository or by injection. She never had any faith in medicines which were simply swallowed. I did hear, over the grapevine, which always works wonderfully well in village practice, that she put most of my pills down the drain and assuaged the dictates of her up-bringing by giving herself regular enemas, behind my back, as it were.

My favourite antacid, from qualification to retirement, was mist. mag. carb. aromat. Pink, with a nice, old fashioned smell and needing shaking, it was especially valued by old ladies as it "brought up the wind a treat" and all of you who enjoy eating curries will appreciate that both contain cardamom, little valued by today's pharmaceutical giants. My old grandfather, who was a tea-planter all his life, used to say, "After you have had a good curry somewhere, thank your hostess, burp and then go home and sleep it off".

Dispensing in those days was easy, if a little tedious. Eight drachms to an ounce, sixteen half-ounce doses in a bottle, and no decimal points to put in the wrong place. To save time during surgeries we spent one afternoon a week making up stock Winchesters, filling medicine bottles, packing tablet boxes with usually a month's supply in each, and licking labels. Due, I suppose, to Wartime shortages of paper, bottles were no longer wrapped and sealed with the traditional blob of sealing wax, top and bottom. Ointments were more tricky. I never did manage to find the secret of filling a jar full. There was always an air pocket somewhere near the bottom, but, at least, I learned never to stick the label on first. If you did it nearly always finished up covered with horribly smelling ointment and then you had to soak it off and start all over again.

Dispensing eventually became mainly a matter of counting out pills from a large stock container into a small one, and, eventually, even this chore was taken over by an electronic machine. Mixtures and linctuses were made up less and less often and many of the ones we used were bought ready mixed and packed, but even when I was near retirement I still managed to put a drop or two of liquor amaranth into each little bottle of Alupent Syrup to make it look more appetising to toddlers.

Having a dispensary and surgery in the house had so many advantages. Patients didn't have to traipse to a chemist after they had been seen, and many late evening or night calls were saved as sick children could be examined at the house at any time and given whatever treatment was necessary. Obviously, a few people were bound to take an unfair advantage of the system, but they really were few and far between and were more than compensated for by the pleasure I had munching the last piece of toast and marmalade as I started an early morning surgery without having to drive miles beforehand in a freezing car in the middle of winter.

Later on, I took over a vacant next-door practice and was joined by a partner who looked after it. We were agreed from the start that we would not share patients except in emergencies, and that we would, as a rule, stick with our own. Together we built a new surgery and dispensary in a village two miles from my home and although most of the work was done there, I continued using the surgery and dispensary in my house and I never regretted it.

When I finally retired my thoughtful partner presented me with a fine album of photographs he had taken of all the villages I had patients in, even going up in an aeroplane so that he could also take aerial pictures of them, of my home and garden, and the surgeries and staff we had to help us in our work.

It provides my wife and me with happy memories and I know that I will never forget all those familiar smells from the jars and bottles in the old dispensary. Some of the patients won't, either!

Difficulties Faced by the University of London's Medical Schools

as released by the University Press Officer

The University of London's Medical Schools are at present faced with profound difficulty in meeting their educational objectives. These objectives are to produce doctors with not only the requisite factual knowledge and clinical skill but also the appropriate attitudes to the practice of medicine. These latter, as summarised in the GMC's Recommendations on Basic Medical Education, are as follows:

(a) Recognition that a blend of scientific and humanitarian approaches is needed in medicine;

(b) A capacity for self education, so that the doctor may continue to develop and extend his knowledge and skills throughout his professional life, and recognise his obligation to contribute if he can to the progress of medicine and to new knowledge;

(c) The ability to assess the reliability of evidence and the relevance of scientific knowledge, to reach conclusions by logical deduction or by experiment, and to evaluate critically methods and standards of medical practice;

(d) A continuing concern for the interests and dignity of his patients;

(e) An ability to appreciate the limitations of his own knowledge, combined with a willingness, when necessary, to seek further help; and

(f) The achievement of good working relationships with members of the other health care professions.

Medical education is expensive. Although lavish funding will not necessarily produce better doctors, there is a level below which acceptable standards cannot be maintained. The level of funding for medical education is now at the critical point where any further reduction must necessarily result in a poorer product. Universities have been asked to plan on the basis of a reduction of at least 2% per annum in UGC funding in each of the next five years; this is in addition to the significant cuts in resource which have taken place since 1980.

The speed and severity of the cuts in UGC funding have made rational planning very difficult. A large proportion of University expenditure is on salaries and wages and universities have been forced to freeze posts as they become vacant because this was the only expedient open to them in order to reduce expenditure quickly. In some of the University's Medical Schools the staff: student ratios for pre-clinical subjects have already deteriorated to 1:10. Clinical academic staff are more mobile than their non-clinical colleagues; hence more clinical posts are frozen. Statistics produced by the Committee of Vice-Chancellors and Principals in the spring of 1985 show a reduction over the past five years in the number of non-clinical academic staff paid from UGC funds of 7.7%. The reduction over the same period in clinical academic staff wholly financed from UGC funds is 11.2%.

Academic departments were not established in many subjects in the Medical Schools in London as early as they were in the newer Medical Schools in the United Kingdom. Traditionally, London Medical Schools relied on distinguished consultants to provide most of the clinical teaching. Consequently, it was only in the early 1970's that the University established academic departments in some of its Schools in important subjects of the medical curriculum such as Paediatrics, Psychiatry, Community Medicine and General Practice. This process was not complete by the time that any expansion based on UGC resources became impossible. Even now many of the departments which it was possible to establish are small, and the optimism of their founding is being crushed under the weight of heavy teaching loads and increasing NHS commitments. Where expansion has taken place, it has been funded substantially by charitable bodies.

The introduction by the previous government of the Resource Allocation Working Party formula (RAWP) in 1976 was intended to re-distribute resources on "egalitarian" principles. Whatever the merits of RAWP as a principle, its operation in a period of level or reduced funding has meant that the four Thames Regions have suffered substantial cuts in funding at a time when hospital admissions and attendances have, as elsewhere, increased. The combination of the cuts in UGC and NHS funding imperils the ability of this University's Medical Schools to provide education of the standard required by the University of London and by the General Medical Council.

In order to sustain the quality of its undergraduate medical education by making the best possible use of its diminishing resources, this University is re-organising and amalgamating its Medical Schools and experimenting with modern technology to link hospitals for teaching purposes. The Postgraduate Schools and Institutes, whose main responsibility is research and the specialised training of future consultants, are playing their part by increasing their role in undergraduate education. Research is being sacrificed in order to protect patient care and teaching. In the face of the projected additional cuts, it is difficult to see what further measures are open to the University to maintain the standard of its medical education.

Present government policy is to strengthen science and engineering whilst restricting public expenditure. It is not feasible for universities, faced with additional cuts in real terms of 2% per annum in UGC funding, to protect their medical schools at the expense of the remaining disciplines because the effect on those disciplines would be devastating. The new policy of selective funding means that universities which sacrifice research in order to protect undergraduate medical education will be further disadvantaged. The University of London considers that the time has now come when the Education Committee of the General Medical Council should be asked to draw to the attention of Government the fact that unless the process of apparently endless attrition is halted it will not be possible to maintain acceptable standards of medical education in this country.

Transcript of the Address at the Memorial Service for Professor C. K. Simpson C.B.E., M.D., F.R.C.P. (Lond.), F.R.C.Path., D.M.J., on 23rd December, 1985, given by Dr. Goulding

---

Thus did his name and qualifications appear in the Calender of the Medical School. To his nearest and most intimate, however, he was Cedric, while to the rest of us and to the world at large he was Keith. For the world was undeniably his "oyster", enclasping as it did territories as far dispersed – to quote from his own diaries – as Stockholm, Budapest, Sydney, Melbourne, Auckland, Toronto, New York, New Orleans, Los Angeles, the Caribbean and South Africa. And that list, I assure you, is fraught with significant omissions. In this peripatetic venturing he naturally – and I use that word advisedly – collected numerous degrees and honours.

Yet it is not my duty today to retail a catalogue of all his achievements, academic and professional. These have already been set out in the published obituary and other appreciative notices, to which you may refer, and to describe them all would, anyway, take up far too much time on this special memorial occasion. Rather, perhaps more anecdotally, I want to relate to you – for many of you here to remind you – of the Keith Simpson with whom we worked and in whose company we always revelled. For if there was one characteristic that typified him it was his ready wit and repartee, often piercing, yet never unkind. His was a personality that was irrepressible or, as someone commented, always petillant but at no time petulant.

Academically so many of you will recall sparkling performances as a lecturer with that quiet air of authority, the clipped delivery, those subtle emphases and that inestimable capacity for imparting sound knowledge spiced with humour. It was this conspicuous gift which benefitted not only generations of undergraduates but a succession of more mature disciples as well. Later, when writing about his journeyings abroad he could justifiably and disarmingly refer to "a long stream of charming past pupils, students and postgraduates, always keen to learn" and who, as he deservedly and appreciatively added, were ever ready to confer the "warmest hospitality" upon him.

It was only fitting that for the first professorial chair in the University of London, he should be chosen as the inaugural occupant and adornment. Thereupon he was able to advance his chosen subject as a scientific discipline and to endow it with a scholastic respectability and cohesion that had previously been lacking in the metropolis, despite the individualistic endeavours of other gifted practitioners in the field. From this base, moreover, he was elected as president of the Medico-Legal Society and in 1966 became a founder member and president of the British Association of Forensic Medicine.

Again, at Guy's, his inspiration led to the expansion, re-arranging and ordering of that excellent Pathology Museum of which the Medical School can be so proud and the incorporation within it of that first-rate and singularly exciting section devoted to the forensic aspects of the subject. In this task he enjoyed over many years the devoted co-operation of that dapper, brisk and faithful technician, to whom he would engagingly refer as "the boy Ireland", from the particulars entered into the appointment book so long previously, when this member of staff was first taken on to the pay-roll.

As a member of what might be styled the Faculty at Guy's he could prove a provocation to his colleagues. How well I recall when, in 1963, I first came to work alongside him – when, indeed, I assumed the role of grateful lodger to him as a most generous landlord – he was determined that I should be furnished with a bright red telephone receiver to denote the emergency nature of our work. In this quest he encountered some reluctance and vacillation on the part of the School administration. So, impatiently one day he stormed into the office of the Secretary, slammed down the cash in folding money from his own pocket to cover the cost, uttered the order for the equipment to be supplied forthwith and promptly withdrew, to the echoes of protestations about the impossibility of introducing charitable gifts into the ordinary expenditure accounts of the School.

There is, too, another feature of Guy's which I fear, in future, will never be quite the same again. I have in mind, as you might have guessed, the Residents' Play. Credit and praise are unreservedly due to all those members of the junior staff who over the years, have in turn mimicked "Stripsem" so consummately in dress, manner and speech, leaving no one in the audience in any doubt about the identity of the character so portrayed and enthralling everyone with the exaggerated antics of their subject. Without this singular figure among the "dramatis personnae" it will become almost impossible to present the play with anything like the verve that attended it in the past.

Unquestionably and in so many senses, Keith Simpson was a luminary of Guy's, both the Hospital and the Medical School deriving an enhanced reputation from his many attainments.

As an examiner, in which capacity he served in many universities besides his own, C.K.S. was at once exacting and fair. Chastisement by way of the viva was not in his nature. He delighted to recount a particular experience in Dublin. A bright young thing, in all senses, presented herself for the forensic orals. In the face of a series of searching questions she acquitted herself with sublime ease. Somewhat strangely nonplussed about continuing the interrogation, C.K.S. turned well-nigh in desperation to medical ethics. At the time he himself was very much in the spotlight of publicity. He queried how, on this account, he might be incurring the attention and displeasure of the General Medical Council for what was then termed "infamous conduct in a professional respect". He alluded to the four taboos, each beginning with the letter "A", by which the Council at that time determined so many of their rulings. The one in his mind was obviously "advertising". Unblushingly and unhesitatingly the young lady immediately opted for another "A" – adultery! You will be glad to learn that she passed – whether on account of the accuracy of her answer or otherwise, is not disclosed – with honours!

On what might be called the post-mortem and court circuit, Keith endeared himself to everyone with whom he came into contact. To the mortuary technicians his adroitness, precision and panache with the dissection of the cadaver became legendary. By the court officials he was invariably admired and appreciated for his punctuality, his understanding, his competence and his attention to detail. To the bench and the bar he was a model as an expert witness – clear, succinct, avoiding equivocation, yet never overbearing and never prepared for surrender to expediency.

For my part, what I so envied about C.K.S. was the deft manner in which he handled the media. For the majority of us, I suppose, the press, radio and television are to be distrusted and, consequently, to be avoided. Not so for him. It would not be unfair to suggest that he exploited these links with the public – effectively and brilliantly. There was no deference about him in this respect, no false modesty and yet no wavering from the line of truth. He got his message over to the populace in the way they had come to look for it and understand it.

One mid-day, incidentally, just as he was leaving his department in the

Medical School on his way to a post-mortem, the secretary called out: "It's the Daily X on the telephone and they want to know about your life and career". With scarcely a pause in his departure he replied unabashedly over his shoulder: "Oh, just direct them to the entry for me in Who's Who" – and he was gone.

Another and more recent occasion I recollect at this moment. It happened that, not long ago, we were both appearing at a hearing – not on opposite sides, for it was not an adversarial court; – Nevertheless, we were each giving conflicting, or virtually opposing, evidence. This was very obvious to those present. That being completed we adjourned together for lunch at a nearby hostelry and the volatile Mediterranean T.V. team *covering the show could just not believe their eyes. Whereupon he took* me by the arm saying, "Let's walk out of here together in amiable conversation. These people need to learn how we behave in Britain."

That prompts me to recall Keith's easy fluency in the French language, in which I knew that he could converse with ease. He loved any denouement, no less on those rare instances when he failed to emerge altogether triumphantly himself. I will quote here from the printed text, which is virtually verbatim with his recounting the story to me soon after it happened. "On a lecture tour . . ." (he wrote) ". . . I had the great honour of speaking at the Sorbonne University in Paris. I had prepared the lecture with great care in French" (he continued), "that was given a Roget-like polish by a French teacher in London – for a substantial fee. A sad anti-climax ensued; on the way from dinner near the Etoile . . . Monsieur Corbin, a former French ambassador, leaned towards me in the car, placed a hand on my arm and said conversationally, 'By the way, doctor, I quite forgot to mention to you, this particular audience would be much flattered if you would address them in your own English language.' Alas," went on C.K.S. "for my skills and tutored veneer in French! And my Roget-polish expenses! All down the drain!".

Perhaps I have dwelt disproportionately on the lighter side of Keith as we knew him. After all, though, the humour was for ever intruding, even when he was dealing so majestically with very serious matters – the Dobkin case, the Heath case, the Hanratty case, the Trist case in Portugal (of which it was appositely written in the *Daily Mail*, "This mystery has been solved by a pathologist . . . (C.K.S. to boot) . . . sitting in his office a thousand miles away from the incident"), not to mention the Krays, the Stephen Truscott case in Canada and the Black Power of Michael X, along with numerous others, in all of which the cause of justice was materially advanced by the exemplary, forensic, medical command of Keith.

Socially he was always ready to dispense unreserved hospitality and many of you here will, like me, have enjoyed being his guest. As a host he was most generous, radiated the air of a "bon viveur" and himself thrived as a "Compagnon de Beaujolais". Over many years, moreover, he contributed actively, not only as a patron but also as a share-holder, to that notable inn, the "Bell" at Aston Clinton. Indeed, it has been rumoured that he very nearly contrived to inject new life into the "Athenaeum" whilst serving on the committee of that august institution.

Deservedly, besides his academic distinctions, he was appointed C.B.E. by Her Majesty in 1975. Many of us felt that he merited a substantially higher award. His notable predecessor was, after all, knighted. At least C.K.S. managed by this means to avoid the solecism once directed in court at Spilsbury, then at his supremacy, when he was inadvertently addressed by counsel as St. Bernard, instead of Sir Bernard.

Looking back it seems unbelievable that C.K.S. should have stepped down from his professorial chair at Guy's, owing to the unbending and unbiological rules of authority about stipulated age limits, as long as ten years ago. Fortunately that quirk of senatorial dictation did not preclude him from continuing to practise his specialty with undiminished vigour. Nevertheless he was constantly mindful of the insidious inroads of senile dementia to which man, sooner or later is prone. On this theme he announced one day in company, "It is very difficult for someone who is getting older to realize that his own mind is fraying at the edges", adding (somewhat incautiously, as he afterwards admitted), "my wife has instructions that when this happens to me to come into my Tring garden and have 'a little accident' with a shotgun". Typical of him he delighted to quote the immediate retort of a colleague then present to the effect, "She's left it a bit late old man, hasn't she?".

To some of us, moreover, he was fond of reciting, "I can cope with my arthritis, To my dentures I'm resigned, I can manage my bifocals, But I do miss my mind". Thankfully he never suffered that dreadful fate. He lived until the age of 78, a lithe and alert figure, working actively, effectively and happily until a very short time before his death.

It was unbearably sad to see him go and just as incredible to feel that he is with us as a person no more, – to share a joke, to put us on our mettle and, above all, to continue expanding the wealth of medical jurisprudence.

Until this moment I have said nothing of the man at home. At first hand I have had the privilege of observing him as a model son, husband, father, father-in-law and grandfather. To all of those so close to him in this way we offer our deepest sympathies. To the rest of you I can add only that I shall miss him just as much as any of you, for I have special reasons myself to be grateful for the favours, advancement and kindness that he extended to me over more than thirty years.

The professional attainments of the late Professor Keith Simpson will remain forever on record as permanent testimony for all he did in the cause of medicine and, notably, the forensic aspects of that subject. As well there are legions of us who will go on revering him as a personality – likeable, exciting, stimulating, generous and, in essence, a gentleman, in the fullest sense of that term. This day, albeit a sad one, is made the brighter in our memory of a great man, kinsman, teacher, colleague and friend.

Underwater Rainbow – A periscopic view

by our theatrical correspondent

The latest Theatre Club production was held in the Ballroom, very well timed for the end of Pathology finals. This gallant event featured among the stars the brand new lighting equipment belonging to the club. This includes a follow spot – ideal for this show. Amongst the members of the cast an extremely attractive nurse was spotted who not only paraded the titles for each sketch but also treated us to a striptease in the second half. Unfortunately all was revealed behind a cotton screen carefully shadow-lit with the aid of the follow spot. My underground informers tell me that she has performed in a Guy's Theatre Club production before, perhaps next time Danni. Another not so pretty nurse, Alex Grayson treated us to a 'trendy folk bit'. A series of songs to guitar accompaniment ranging from the solemn and majestic 'Willie McBride' to 'I wanna be a punk', one of the many songs he has composed himself. Mention must also be made of the group of talented first years performing for the first time here.

A medley of Shakespeare sketches designed by Dave Parry and Mike Travis proved amusing although one was obviously expected to know some obscure sections of his works. Other sketches were mostly well written, short, punchy and on the whole not too political. Particularly enjoyable were: "Tom Brink juggles his balls" – whilst singing Schubert, a little extra thrown in for good measure. "Penge women's tap dancing class show" and "Relate with mother". "Stormy weather" was not nearly as stormy as the storming of the "Animal Liberation Front". "Mr. Hallé and his big band" started well but unfortunately dwindled somewhat at the end, requiring assistance from the audience. The latter was more than ready to assist, full to the brim with wine and contentedly enjoying the cabaret around small candle-lit tables. Hopefully more cabaret evenings will follow soon. May I request Beaujolais Nouveau again too?

All that remains is to congratulate Mike Travis and Dave Parry for putting so much hard work into preparing an immensely enjoyable three nights.

M.R.H.

Guy's in the Thirties

by D. J. Lyon

> "The moving finger writes; and having writ
> Moves on"
>
> *Rubaiyat of Omar Khayyam*
> *Fitzgerald*

Gardening in retirement induces reflection and nostalgia which is by way of an excuse for these random memories. Entry to medicine and dentistry in the thirties was more generally by way of the pre-medical school, which has now been closed, I understand.

The physics department was presided over by Professor Stead; chemistry by Professor Gibson, who annually frightened his class in the lecture theatre by producing a bottle of liquid mustard gas, sufficient, he told us, to decimate the whole of London. Biology was in the care of T. J. Evans, who subsequently became Dean of the Medical School. An aura of the Welsh valleys, from where he originated, distinguished him. He was an excellent lecturer who aroused interest and expressed himself with a dry humour.

I remember Stafford Clarke (later to become head of the department of psychiatry) was in my year. He always sat in the front row at lectures, while most of us tried to be as inconspicuous as possible. He could be relied upon to field any questions the lecturer might throw out or, with even greater temerity, actually ask them. No doubt, some of the fame he gained as a member of the "any questions" panel on television was grounded in some of this knowledge he so assiduously sought.

The advantage of doing the preliminary sciences at Guy's was that one was immediately plunged into the life of the hospital. Another advantage was that one soon knew if one had made the right choice of career. One of the entrants in my year who seemed most self-assured and to know the ropes better than the rest of us led us up to the theatres to watch an operation. After about five minutes he departed abruptly and was never seen again. It was one way of finding out.

I remember coming out of the Medical School into the darkness of the Park one winter's evening, the lights shining from the windows of the wards in Hunt's House and the surgical wards in Guy's original building and feeling how good it was to be a small part of the life of a great hospital.

The Dean, T. B. Johnston was head of the anatomy department and was regarded as a strict disciplinarian. Certainly it was not possible to sign up for his lectures without actually attending, nor would he tolerate anyone arriving late for a 9 o'clock lecture.

The surgical registrars at this time were Sam Wass and "Father" Gill and their duties included demonstrating anatomy, which I suspect they regarded as rather a tedious diversion from the surgical scene. "Sam" had a wonderful talent for reducing the complexities of the relations of structures by means of diagrammatic drawings, but if you tried to get signed up for a dissection by "Father" and did not know your stuff, you were told to "go away and learn it and not waste my time", sometimes couched in nautical terms.

Like all the teaching hospitals in London, Guy's was dependent on voluntary contributions, bequests etc. to supplement its endowment and was administered by a board of Governors who must have been dedicated to the cause of raising funds. Each year a hospitals day was held when students and nurses took to the streets and markets with collecting boxes. This sometimes led to some "aggro" between us and Bart's. One of my contemporaries was held captive for some hours by a gang from Bart's on one occasion.

The hospital was fortunate to attract Lord Nuffield to the board and he subsequently became Treasurer. Nuffield was a man who must rank among the most princely philanthropists of all time. After presenting the prizes in (I think) 1936, it was announced that he had that afternoon provided the money to build Nuffield house. It was said that his interest in Guy's was aroused by friendship with the Dean, T. B. J., forged at the golf club to which they both belonged.

The facilities for social activities would not stand comparison with those enjoyed by today's student. Although the college in Maze Pond, roughly where the new Tower block stands, was the first built for a teaching hospital, it was quite inadequate, accommodating the residents and the Warden and his family. The "spit" provided food below stairs. In greater comfort many of the visiting staff as well as students used the dining room upstairs, but the surrounding hostelries particularly "The Ship and Shovel", "The Miller", "The Kings Head" and "Tabard", in Borough High Street and "The Grapes" in St. Thomas's Street were popular for liquid lunches.

The Residents' play was always of a high standard. It was well supported as at Christmas were "the Niggers", mostly residents, who made an alcohol-assisted tour of the wards. An invitation to the nurses' dance was much sought after.

It was, however, on the sports field that social contacts and friendships were mostly made. At Honor Oak Park we still have a ground worthy of the great sporting tradition. It was in the rugby club that this tradition had its roots and in the thirties it was still a power in the land. C. S. Darke was captain in the early days; J. E. Giesen and R. C. S. Dick, two later captains. South African Springboks still featured in the sides; Mr. R. Kark, J. Van Steytler, Jock Forbes, Louis Babrow all spring to mind, but the fame of the teams of the twenties under George Doherty was diminishing. The South African intake also dwindled. The history of the club has been too well documented to require more details.

Cricket, soccer and hockey teams foregathered every week in the colonnade and all enjoyed good support. My own interest was in athletics and we were able to field internationals in our teams. E. I. Davis (Tiny) continued at this level after Cambridge and A. E. J. Etheridge in cross country and distance events. Other good performers included P. Griffin (hurdles), G. Enderby (shot putt), D. J. Dutoit (S. African Universities 400m champion).

The boxing club enjoyed a spell of enthusiasm when the Halamandres Brothers arrived. Alf Hewitt coached the club in the Pavy gymnasium which was in the basement of the college.

The squash courts were used only for keeping fit while tennis had to be played at H.O.P. Rowing, fencing and other sports had their devotees and at one time there was even an ice hockey side. Inter-hospital competitions were the highlights of the season although the University contests were usually entered.

The medical and dental staff held honorary appointments, but this did not mean that they did not spend much of their time with hospital patients and in teaching. Nils Eckhof, who had the build of a front row forward, lectured to Dentals on surgery. Brock was still building an outstanding reputation as a thoracic surgeon to be fully recognised later. Heneage Ogilvie, Davies-Colley, Slesinger and Hughes come to mind among the surgeons of the time: "Chubby" Fagge, of the stentorian voice, Mollinson in E.N.T., Lambrinudi in orthopaedics. John Blaikely is remembered with particular gratitude as he, during the War, brought my children into the world.

Among the physicians Dr. Douthwaite is best remembered again because he gave the lectures on medicine to Dentals. Tall, elegant and impeccably dressed he seemed to us the epitome of the popular concept of a successful Harley St. physician. He was not only impressive but an excellent teacher.

Of course the nursing staff must be mentioned. The matron, Emily McManus had such a long association with the hospital that in retirement she wrote her autobiography with the simple title "Matron of Guy's". Sister Foster-Smith ran the theatres with efficiency and a nice sense of humour.

Job ward in Guy's house, where I sometimes secured a bed for dental cases, was in the charge of Sister Falwasser. She was said never to leave the ward and virtually dedicated her life to it.

Colonel Dowsett retired as senior surgeon leaving as a legacy a little pocket book known as "Dowsett's Notes" much used for instant diagnoses. He was succeeded by "Freddie" Doubleday. Freddie carried out his duties very conscientiously. He had a nasty habit of enquiring into the performances of students. One morning about 10 o'clock he came into the reading room in the college to find one of the casualty dressers comfortably ensconced in an armchair studying the racing form. He just said "Mr.— I *understand you are one of the casualty officers this month"* and stumped off with his entourage leaving a very discomforted man. I think the student *did eventually qualify, but on that occasion "Freddie" could not have been* one of the examiners as he had a long memory. On retiring he took Holy Orders and became a Canon of Guildford Cathedral. Kelsey Fry and Martin Rushton were both making important contributions to dentistry. The former has been described as the founding father of maxillo-facial surgery in this country, the latter made many advances in the science. Both survived into the post-war period as did Professor Herbert who presided over our clinical work in the conservation room for what must have been a record length of time. In those days we spent two weary years at first in the prosthetics, more commonly called dental mechanics, laboratory. Many will remember Tommy King, the senior technician.

I remember a Dental Society meeting at which a paper entitled "The disappearance of dentistry" was given. The theme being that in what would then have been considered a Utopian state of social and economic organisation the chief need would be for preventive measures. This is proving, to some extent, to have been prophetic.

I cannot remember that political events in the thirties had any influence on us as students. The Spanish civil war and the abdication of Edward VIII were of general interest. The Munich crisis, however, did have an unsettling effect on anyone approaching qualification. My recollection is that the average student (or citizen for that matter) was more than anxious for peace and that there was general relief when Chamberlain returned waving his piece of paper promising peace in our time. However, not everyone was convinced.

It was about 1937 that A. J. Cronin wrote a best seller "The Citadel" which put Harley Street in a bad light. It provided the press with a sensational topic for the front page at a quiet time. The impact was such that it was the subject of a clinical lecture given, if memory serves, by Dr. Douthwaite.

A lasting memory is of the friendliness and co-operative atmosphere that existed throughout the Hospital. It was not altogether surprising then to find, serving in military hospitals during the war, that this spirit had existed among Guy's technicians, porters and work people and indeed ex-Borough patients. All had an affection for Guy's.

Dental Notes

Newland Pedley Travelling Scholarship

This Scholarship will be awarded to the holder of a registrable dental qualification, who has been educated in the Dental School at Guy's Hospital to enable him or her to undertake postgraduate dental study at one or more Dental Schools or Colleges abroad approved by the Dental Academic Committee. The value of the Scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the Scholarship proposed to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the Scholarship may be required to undertake teaching duties in this School for the academic year following that in which the Scholarship is held.

Dental Travelling Scholarship

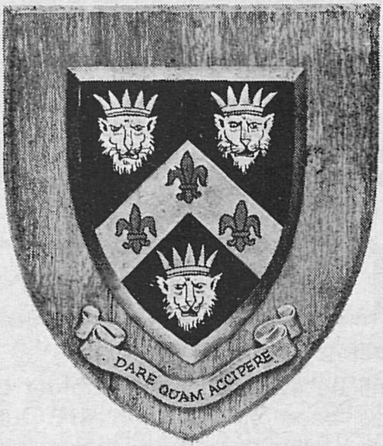
This Scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification, who has been educated in the Dental School at Guy's Hospital, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that Applications for the Travelling Scholarship may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements to travel, etc., it is necessary for all applications for Travelling Scholarships for 1986 to be received by the Dean of Dental Studies by Friday, 11th April 1986.

The Dean of Dental Studies will be pleased to discuss the matter with anyone who is interested.

A. H. R. Rowe

Guy's Hospital Gazette



High quality Shields, available only from the Gazette

Cost £15.00 (+ 50p p & p)

ORDER FORM

Name ....

Address ....

....

Please send me.........Guy's Shields at £15 each (+ 50p p. & p.).

I enclose a remittance of £.................

To: The Manager, *Guy's Gazette,*
23b St. Thomas' Street, SE1 9RT.
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: ***Monday, Tuesday, Friday.*** *9 a.m.—5 p.m.*

Dental Society Report

by Peter Longhurst

The Dental Society has set up a fund to honour the memory of John Willis (Dental Society Secretary 1984–1985), who died on July 29th 1985 as the result of a tragic motor accident, a few days before taking up his appointment as Resident Dental House Surgeon. An obituary was published in the August *Gazette.*

Income from the fund will be used to support the "John Willis Memorial Elective" – open to U.M.D.S. dental students – to be awarded on an annual basis. The award will be used to help with the cost of an elective visit in the successful applicant's final year of study.

The fund has already received generous support. Nevertheless, further donations will obviously enable the value of the fund, and hence the award, to be maintained in years to come.

Any reader who would like to contribute should send a cheque, payable to "Guy's Hospital Dental Society", to Mr. Longhurst, c/o The Department of Orthodontics and Dentistry for Children, Floor 22, Guy's Hospital Tower, London SE1 9RT.

ROYAL NAVAL DENTAL SERVICE

Limited vacancies exist for Qualified Dental Surgeons to serve in the RoyalNavy on 5 year short career commissions.
Starting salary – £15,312 to £21,265 according to experience.
Interviews and medical examinations will be held in the Royal Naval Hospital, Haslar, Gosport, Hampshire on 29 and 30 May 1986.
Applications are invited from qualified practitioners under the age of 32 or from dental students due to qualify in June 1986.

Further details may be obtained from:

Surgeon Captain (D) B. Robinson, Royal Navy
Ministry of Defence
Room 828
First Avenue House
High Holborn
London WC1V 6HE. Tel: 01 430 5722/5772

Closing date for applications – 4 April 1986.

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

The Medical School, 1947	**Size 15″ × 12″**	**£7.00**
The Main Entrance, 1946	**Size 15″ × 12″**	**£7.00**
The Park, 1946	**Size 15″ × 12″**	**£7.00**
Hunt's House, 1948	**Size 15″ × 12″**	**£7.00**
The "Ship and Shovel", 1912	**Size 10″ × 8″**	**£3.50**
The Quadrangle, 1925	**Size 10″ × 8″**	**£3.50**

ORDER FORM

Name ....

Address ....

....

Design	*Quantity*	*Remittance*
The Medical School		
The Main Entrance		
The Park		
Hunt's House		
The "Ship and Shovel"		
The Quadrangle		
	TOTAL	

To: The Manager, *Guy's Gazette*, 23b St. Thomas' Street, Guy's Hospital, SE1 9RT. Tel.: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday 9 a.m. – 5 p.m.

Dental House Surgeons Revue 1986

by R. V. Leeburn

The dental revue session at Guy's received an unexpected bonus on Friday 16th January from the outgoing House Surgeons.

In the familiar, intimate but boisterous atmosphere of the East Wing Ballroom, Messrs. Harty (vocals), Stenhouse (guitar), Burberry (bass) and McGrath (percussion) opened by saluting the hirsute charisma of "My Guy" – with the man from floor 22 himself, and Mrs. Butcher, sitting in the front row!

A cleverly thought-out "conservative" sketch based on "Give us a Clue" provided a variation on the usual floor 25/26 characterisations and this was followed by a dead-pan reading of some dentally oriented football results by Chris McGrath.

The high (or low) point of the evening for some came in the "Nudes at Ten" (or "Annals of the early rising House Surgeon set"?) which gave us the alarming spectacle of an outbreak of nudism on the dental floors of the Tower. Artistic positioning of bleeps and various items of dental equipment by the photographer (Kelvin Lim) preserved some of the modesty of Messrs. Flanagan, Harris and Harty. Surely some of the cheekiest items yet exposed at such an event.

Two of the warmest performers on the night must have been Nick Gibb and Chris McGrath in their (literally) monkey suits with two of the loneliest being portrayed by Dominic Flanagan and Steve Barter showing how to handle – at long distance – the obligatory A.I.D.S. patient. Mr. Flanagan wore a particularly fetching set of over dentures giving him a remarkable resemblance (apart from the hair colour and style, clothing and ability with a snooker cue) to Jimmy White.

A collection of various odd sound effects were put to extremely amusing use in "Ghost Story on 25" narrated by Phil Stenhouse to the (occasionally) perfectly timed accompaniment of Rick Harty. At least we should all now be able to recognise the sound of a pinned amalgam core floating off into a sea of oral cavity fluids!

The same performer's ability to maintain Australian accents over an extended period was put to the test in an Antipodean interlude in which Miss Wong's eventually incised abscess rather alarmingly erupted into the audience. We were later informed that only the finest grade, freshly prepared lump-free custard was used.

The local Bermondsey parlance was imaginatively parodied by the ubiquitous Harty and Stenhouse who could obviously make themselves understood in the SE1 area at most times of the day or night.

After a rousing finale and reception from the packed audience (including the staff "victims") the lavish set was dismantled at speed to allow for enjoyment of the standard Guy's "spread" prepared by those unselfish backroom House persons not featuring quite so prominently on stage.

All in all, a most entertaining evening which will hopefully be repeated in 1987.

Guy's Hospital Gazette

English Pewter 1 pt Tankards, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed.

Cost £18.00

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Tankards at £18 each (plus 50p p & p.)

I enclose a remittance of £................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 *a.m.—5 p.m.*

Physiotherapy

You know the sort of heavy-breathing, undesirable letters that sometimes thump on the doormat or fulminate on the desk? One of them arrived here early in February. Manpower Requirements and the Training of Physiotherapists was its upper-case, highlighted heading — disturbing was its down-putting, underlying implication.

It was an invitation to a meeting whose purpose is to introduce the victims to the executioners, and to explain the how and the when — not much evidence of the why or the wherefore.

Parenthetically, are the Schools of Radiography and Radiotherapy still there in Tabard House, or was their transfer no more than a euphemism for a terminal disorder? The letter says that a Manpower Study, related to training needs, has just been completed for radiographers. Have they survived or are they to be ionised, rationalised or even privatized?

Discussions — it goes on — have taken place regarding the supply of trained staff to enable the Region to meet the levels of service indicated in the strategic plans. With whom they have taken place is not stated, but presumably it is now that Regional officers will be asking our opinion and listening to our advice. Wrong? Well, Principals of Schools (in the Region, presumably), District Physiotherapists (likewise?), District Personnel Officers and the Chartered Society are recipients of this letter, although the first meeting's purpose is merely to let us meet one another and be informed about the methodology and action plan.

We have said before that we do not consider ourselves as a physiotherapist production line geared to District or to Regional needs, but to national, and even in more expansive times, to world needs. We would be very unhappy to become the Lewisham and North Southwark branch of the S. E. Thames Regional Physiotherapy Study Facility, along with our Camberwell and Lambeth counterparts. We would be very unhappy to operate to a quota system. We would be very unhappy to have to restrict our intake to residents of the S. E. Thames Region, presumably those within easy commuting distance of London Bridge. We expect to pour forth this unhappiness at the meeting in early March, and will hope to hear it echoed by our colleagues, not only in this profession but in all training schools in the Region.

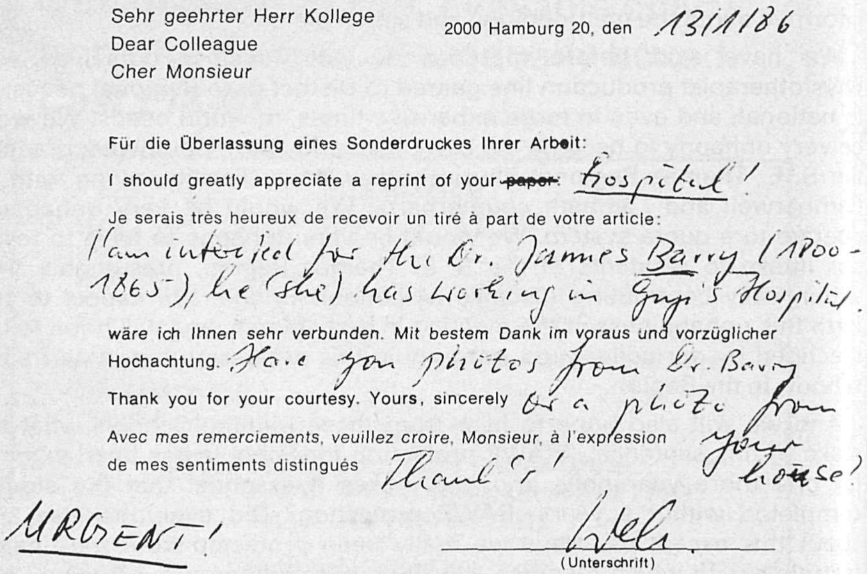
And we will also hope to hear from these training Schools what they make of this sentence: "RAWP protection for Schools has been extended for one more year only, and this makes it essential that the study is completed within a year". RAWP protection? Did everyone else know about this except us? Have we really been protected from the financial restraints with which resource allocation has clobbered our Region? Have we really been saved from those swingeing cuts, percentage reductions and manpower limitations? How noble we must have been, thus voluntarily to have shared the burdens of our non-school colleagues. How appalling is our future if this "protection" is to be removed. **Ronald Cooper**

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any peson living, or preferably, dead is accidental, and in many cases deplorable.

I am delighted to report that Sniffer returned unscathed from his recent holiday in South Africa. It was too much to expect that a Cambridge chap would see too much wrong with apartheid, but we were expecting something more left of Attila the Hun than "The whites get a really raw deal out there." I hope that the new fling with a certain Portuguese filly will continue – assuming, that is, she recovers her eighth nerve function after being ear-bashed by the sniffer for 10 hours – not a fate I would wish on my worst enemy – on the flight to Blighty.

Readers will doubtless be distressed to hear that the scourge of young nurses at Brighton and Guy's, the infamous spiro Dermatologist (ex-both now) was severely handicapped in his application for the Nuffield job. The night before, his neck was decorated with scratches and bites (I wonder if Bianca was about?) and one can only assume that either George or Bob didn't notice, or couldn't believe that a chap would come to an interview looking as though he had been raped by twenty psychotic nymphomaniacs. I'm delighted to say that he got the post (– were there any other applicants?).



Sehr geehrter Herr Kollege
Dear Colleague
Cher Monsieur

2000 Hamburg 20, den 13/1/86

Für die Überlassung eines Sonderdruckes Ihrer Arbeit:

I should greatly appreciate a reprint of your ~~paper~~: Hospital!

Je serais très heureux de recevoir un tiré à part de votre article:

I'am interested for the Dr. James Barry (1800-1865), he (she) has working in Guy's Hospital.

wäre ich Ihnen sehr verbunden. Mit bestem Dank im voraus und vorzüglicher Hochachtung.

Have you photos from Dr. Barry or a photo from your house?

Thank you for your courtesy. Yours, sincerely

Avec mes remerciements, veuillez croire, Monsieur, à l'expression de mes sentiments distingués

Thank's!

URGENT!

(Unterschrift)

This month's front cover is of an enigmatic postcard the *Gazette* received recently. We have been unable to interpret the legend on the back, and the Editor informs me that he hasn't a clue what it means. Which doesn't surprise me as he doesn't know his coccyx from his ante-cubital fossa. Any suggestions gratefully received.

Gosh! Shock! Horror! An incident exposing the caddish behaviour of a certain rotund studier of materia medica has been brought to Cedric's attention. It would now appear that students can facilitate their success in cardiology prize exams by referring to text books. I only hope that P. Arthur is horsewhipped on the steps of Boland House, handed a revolver, and sent into the Periodicals Room to do the decent thing. Don't want a nasty scene with him being drummed out of the regiment for conduct unbecoming, eh?

Full marks for subtlety must go to the final year student, who, whilst giving her history on a ward round, was told not to give away the diagnosis, to which she replied "He's come in for radiotherapy."

I am very sad and disappointed to be forced to relate that the New Moral Force's halo has slipped. Down to his S2, 3, 4 dermatomes in fact. Anyone remember the joke about the dog resuscitating another dog by pumping it up? Well, presumably N.M.F. was doing the same for H.G.V. in the games' room.

It would appear that Prof. McBran's message about the limitless benefits of fibre to mankind has at last got through, at least to the Traffic Warden in surgical out-patients who admitted: "Every time I sit on the toilet, I think of you, Professor." We are still not quite sure how he took this compliment.

Forthcoming marriages

Mr D.M. Peebles
and the Hon A. Elton

The engagement is announced between Donald, eldest son of Mr and Dr R.A. Peebles, of Hampton Court, Surrey, and Annabel, eldest daughter of Lord Elton, of London, and of Anne Lady Elton, of Sutton Bonington, Leicestershire.

. . . just in case you missed *the* announcement. I can't help wondering why Donald didn't give his address as Crosby Row, Bermondsey.

What's this I hear about fiancées of surgical registrars collapsing in theatre? I've heard of vets lending a hand, but this is ridiculous. I must say that I hope the description of the stomach as "the bag where the food goes" wasn't over the poor floosie's head.

And what's all this about the UMT aggro? Surely it can't be true that all the housemen's UMTs have been cut, whilst the chap who organised it all had *his* increased! If this is diplomacy, he must be stark-staring bonkers!

Cedric Bore

Book Reviews

"Principles and Practice of Surgery" by Forrest et al. 1st Edn; Pp 672; £17.50; Cover: Soft; Churchill Livingstone.

This is a brand new textbook of surgery. It is advertised as a companion volume or surgical supplement to Davidson's *Principles and Practice of Medicine*, which is a pity since it stands perfectly well on its own merits. Apart from the three authors there are nine other specialist contributors, but despite this the book does have a uniformity which presumably reflects good editorial practice.

The first twelve chapters are devoted to general topics such as shock, fluid and electrolytes, surgical nutrition, wound healing etc. Although urology, neurosurgery and chest surgery are included, orthopaedics is not, a wise decision since this would have considerably increased the size of a book already running to nearly 700 pages. As the authors point out it is hoped that the text will be suitable not only for undergraduates but also for those aspiring to the new Part 1 examination in surgery in general for the FRCS, Edinburgh.

The book is very well set out and printed, easy to read and illustrated by very acceptable line drawings. It is spiced with a small amount of operative detail for common procedures such as appendicectomy and there are appendices at the end (*Yuk!* – Ed.) which include adequate detail of common procedures such as insertion of a central venous line and an intercostal drainage tube.

I have to confess to liking the book, and as far as it goes the content is more than enough for the undergraduate. In general there is sufficient detail to make it interesting reading, but in the absence of orthopaedics and ENT surgery it is not a comprehensive volume for the undergraduate on its own. With this reservation I would recommend that students at least peruse it and at £17.50 it is very reasonably priced for purchase. For those intending to take the Edinburgh FRCS, I would assume that this text has been tailored to the new Part 1 of the examination.

Mr. MARTIN JOURDAN
Consultant and Senior Lecturer
Dept. of Surgery

"Orthopaedics and Accidents" by Margaret and James Miller. 1st edition. Pp. 282. Price: £9.15. Cover: Soft. Published by Hodder and Stoughton.

This clearly set out textbook is divided into two main sections. The first deals with common orthopaedic conditions and the management of trauma, and the second deals with the technique of basic orthopaedic nursing and rehabilitation. A great deal of the first section is covered in undergraduate textbooks of orthopaedics and trauma, but clear accounts have been written about conditions such as C.D.H., bone tumours etc., and I feel sure these will be of interest to undergraduates as well as student nurses. The second part of the book covers just a hundred pages and is well worth reading. This whole section starting from "Traction Methods" etc. right through to the end of the book is very informative and the "management of pain" is one of the highlights of the book. There is a well illustrated section on orthotics and the sort of prostheses that we use in joint replacement. The only drawback of this section is the lack of space devoted to physiotherapy and occupational therapy in patient management.

The book costs £9.95 and whilst I do not think that it will supplant the student textbooks such as those by McCrae, I think it would be the sort of book that I would recommend wards to keep on their book shelves for Housemen, Undergraduates and Nursing staff.

J. D. SPENCER
Consultant Orthopaedic Surgeon

"Mnemonics and Tactics in Surgery and Medicine" by J. J. Shipman. 2nd edition. Pp. 339. Price: £6.50. Cover: Soft. Published by Lloyd Luke.

This book consists of a collection of mnemonics covering a wide variety of medical and surgical conditions. It deals with causes, signs, treatment and complications in its 339 pages. I have never found mnemonics particularly helpful and this collection is one of the most ridiculous medical books I have seen. There is no logic behind the rote-learning of a mnemonic and I would find it difficult to remember the causes of a swollen joint even with a memorable mnemonic such as ITS A BUGGER, or the causes of cystitis given by FRED CANT STOP PISSING. Perhaps there are some students who do find mnemonics useful but it does not seem a desirable way of learning and I would not recommend this book.

Take good histories
Heed what the patient says
Inspect closely
Suck up to the consultant

Borrow this book from the library if you are
Obsessed with mnemonics
Otherwise
Keep to a more sensible approach.

P. J. REES
Clinical Tutor

**"Obstetrics in Outline" by Michael D. Read and Stuart Mellor. 1st Edition. Pp 256. Price: £8.95. Cover: Soft.
Published by John Wiley and Sons Ltd.**

This little book just fits into the pocket of the standard white coat and that is what it is all about. Its title is slightly misleading in that it does not entirely suggest the practical nature of the text and its value as a ready reference in times of need (which the new Obstetric House Officer experiences more than most).

It achieves precisely what the authors set out to achieve, namely to produce a book which fills the gap between the advanced post graduate volume and the purely theoretical undergraduate textbook – both of which are inappropriate for the busy house officer.

The writing is nicely pragmatic and the layout and editing of the book excellent. The eye-catching device of "boring-in" important points to remember and shading in even more crucial facts has been used with great effect.

The book is a "must" for all obstetric officers, for registrars new to the British approach to obstetric problems, for general practitioner obstetricians, for midwives and, of course, for undergraduates anxious to familiarise themselves with the more practical aspects of the subject. The authors are to be congratulated and it is to be hoped that they are already in the final stages of a companion volume on Gynaecology.

MARY M. ANDERSON
Consultant Gynaecologist

"Pocket Diagnostic Clinical Chemistry" by R. N. Walmsley and G. H. White. 1st Edition. Pp 191. Price: £6.50. Published by Blackwell Scientific Publications.

This small, inexpensive paperback book is a companion to the larger textbook of Clinical Chemistry written by the same authors and published about two years ago. It is primarily intended and suited for the medical student, the newly-qualified doctor and the trainee chemical pathologist.

The general format of the book is to provide short notes and lists, as might be found in other works which are "examination aids", but an especially valuable feature is the display of many diagnostic/investigative algorithms. This enables the reader to follow a logical pathway of tests designed to interpret an abnormal finding, hyperkalaemia, hyponatraemia, steatorrhoea, hypothyroidism, and so on. This will be particularly useful for the houseman (and the patient), allowing him to dispense with unnecessary tests and arrive at a diagnosis as quickly and as economically as possible.

There is no doubt that the student approaching the final examinations in Chemical Pathology would be grateful for a more easily digestible reminder of the course than some of the standard texts. This book is a good attempt. It is not completely comprehensive since important topics such as inborn errors of metabolism are absent, but, on the other hand, there is a very useful clinically orientated opening chapter on test interpretation, covering such areas as patient preparation, sampling errors, analytical problems, statistical uses and unexpected results.

I can, therefore recommend this little book to those students undertaking a revision of clinical chemistry and for them to keep in their coat pocket during their first years on the wards.

JOHN PICKUP
Senior Lecturer and Consultant
Department of Chemical Pathology

"Tropical Microbiology" by D. G. Montefiore, K. O. Alansa, O. Tomori. 1st Edition. Pp. 358. Price £7.50. Cover S. Published by Churchill Livingstone.

The most important message this book conveys is that the infectious diseases which cause the greatest morbidity and mortality, such as measles, polio and tuberculosis are those which we in Europe assume to be around but under control through better social and nutritional conditions and vaccination. So the contents of this book would be quite at home on the shelf of any European medical student, except that the figures for deaths due to such infectious diseases would be intolerable in this part of the world. Parts of this book are a disappointment in that diseases endogenous to the tropics are only dealt with in the same detail as any medical microbiology text book written in and about Britain. On the other hand many of the diagnostic features of common infectious diseases such as tuberculosis which may be glossed over in a European textbook and thought of as rudimentary are included in this text. It is a book students should selectively read as a supplement to other texts as it accurately represents infectious diseases and their complications in the third world, a situation seen with some of these diseases in this country not so long ago.

D. J. McCANCE,
Senior Lecturer,
Dept. of Microbiology

"Essential Management of Obstetric Emergencies" by Thomas Baskett; 1st Edn; Pp 221; £17.50; Cover: Hard; Published by John Wiley.

This is a rather expensive but comprehensive guide to obstetric emergencies. Clearly laid out and easy to read, it is a book to be borrowed from the library by every obstetric Senior House Officer just prior to taking up his first appointment.

Candidates for the M.R.C.O.G. will find it extremely useful. Not only does it cover each problem thoroughly, but a useful, up to date reading list at the end of each chapter encourages further reading around the subject.

Although ostensibly written by a Canadian, Professor Baskett appears to be an Irish emigré whose reading, judging by the references and reading lists, is based on British authors. Therefore his terminology and management protocols are the same as practised in Britain.

Even those who should know the essential management of obstetric emergencies will find Professor Baskett's book valuable. I am sure it will find a place on every practising obstetrician's bookshelf.

Miss A. JONES
Registrar, Dept. Obstetrics
and Gynaecology

"Manual for I.V. Therapy Procedures" by Shila R. Channell. 2nd Edition. Pp. 236. Price £19.95. Cover: Soft. Published by Medical Economics Books.

This, small but comprehensive American book on intravenous therapy is a second, apparently completely revised edition. It is clearly written and produced in a style described as "a fast-reading format that combines explantory text with concise step-by-step instruction". The author has wide experience in teaching students, nurses and medical technicians about intravenous therapy and has aimed to make the manual flexible enough to apply to emergencies outside the hospital setting as well as regular hospital work. Her aim was to present guidelines to the principles as well as the practice of intravenous therapy and infection control.

This, I feel she achieves admirably moving from the purpose of intravenous infusions, through revision of relevant anatomy and physiology, management of shock to the techniques and safe management of various types of intravenous therapy. This latter section contains information on parenteral nutrition and Hickman/Broviac catheters. The whole is well rounded off with a chapter on legal, religious and psychological aspects of intravenous therapy. Most of the book, except for mention of various American organisations and American State law, translates well into health care settings in the United Kingdom.

I found the book easy and enjoyable to read and packed with useful references and teaching material. A useful addition to any clinical nurse or nurse teacher's bookshelf.

G. W. LAW
Tutor,
Post Basic Nurse Education,
School of Nursing

"The Older Patient and the Role of the Physiotherapist" by Margot Hawker 1st Edn; Pp 167; £3.95; Cover: Soft. Published by Faber & Faber.

Topics ranging from the relation of ageing to disease, bereavement, loneliness to the future of geriatric medicine are covered in the first eighty-five pages of this small book! It does, however, provide an overview for those inexperienced in this area and includes a useful review of services and facilities available to the elderly. Statements are made, however, which are unsubstantiated by references and may be misleading, as in "research has shown that, physiologically, older people's need for exercise is greater than in younger age-groups".

To discuss the role of the physiotherapist, the second part of this book draws on contributions from those specialising in psychogeriatrics, community work and hospital departments of geriatric medicine. These contributions are informative and useful to a psyiotherapist determining her potential role in the multi-disciplinary network. There are additional chapters on incontinence and dressing needs of the elderly.

On balance, this book is useful for students of psysiotherapy and those inexperienced in the field, but is disappointing for those already involved in the care of the elderly.

M. J. BICKERS
Dept. of Physiotherapy

"The Neglected Ethic" by Chris Sampson. 1st Edn. Pp 112. Price: £3.25. Cover: Soft. Published by McGraw-Hill.

A late lamented nursing officer managed one small aspect of the exterior requirements of a Moslem's religious beliefs with disarming simplicity. "When they die", she said, "You just remember to turn their faces *towards* London Bridge!"

Chris Sampson's book, "The Neglected Ethic" reminds us that there is more to it than that whilst at the same time raising interesting questions about the interface of religion and medicine. It interested and excited me as a religious professional, sharing as I do in the complex arena of faith and doubt in response to suffering and pain, as well as the relation of faith to medical ethical issues, that the book was written by a nursing professional.

The author gives a lucid and comprehensive account of the varieties of religious practice and belief which may be met in hospitals in this country. Readers can therefore glimpse from the outside many religious beliefs which will be foreign to them. Used wisely it will help US to serve THEM.

One danger is that it may be used too simplistically merely as a text book. Because religion reflects cultural and social values, it is always difficult to cross religious frontiers. However, if it encourages readers to explore the roots of their own religious beliefs then it will enable a more sympathetic understanding as opposed to mere toleration of another's odd ways.

This is a book of its time and for its time. Now that the world is a global village, there has been a rise in fundamentalism as groups within the village attempt to cope with fear of losing their identity. We live in a time of religious change. Religion at its best does not merely deal with rational thought or moral values but unconscious processes in myth and symbol. At this collective depth, world religions share much in common and I was sorry that the author did not help the readers to grapple more with this truly fascinating ecumenical area which incarnates much of the hope of a global future at a time when we are faced with possible global destruction.

The Revd. TED MARTIN
Hospital Chaplain

Correspondence

A Journal of Record

Dear Sir,

I greatly enjoy the *Gazette* as a good read. I have recently been made aware, however, that over the years its function extends beyond this simple service by providing an invaluable record of the history of Guy's in its day to day life.

This year sees the 75th Anniversay of The (British) Biochemical Society. Part of its celebrations involve an historical exhibition and, in this connection, I have been asked to seek out information about Frederick Gowland Hopkins – a notable Guy's scholar and *Gazette* Editor who, among other achievements, was the first holder of the prestigeous Gull Studentship in 1891 and eventually became President of The Royal Society. In charting his activities, and those of other eminent men, like Stevenson and Starling, the early records in the *Gazette* have proved invaluable – not to mention the accounts of the complex building changes that went on around them at the turn of the century, often accompanied by architects' drawings and plans of the site. Incidentally, some of these were quite remarkable with, for a time, Bacteriology being sited over the Bake House!

Looking around Guy's today many changes are apparent that have taken place over the last decade or so, some fairly obvious, but many relatively unobtrusive and insidious reflecting adaptation to the changing needs of our time.

It is with particular regard to the smaller changes that I would ask you to extend the good work you already perform by keeping your scouts and spies alert to what is going on so that these may be recorded as fully as possible in the *Gazette*. With this in mind perhaps a new series "From the Work's Superintendent's Notebook" might be worthy of consideration.

In spite of Government pressures I am sure Guy's, revitalized by our *re*-union with St. Thomas's, will be as thriving an institution one hundred or two hundred years from now as it always has been. And somebody will thank the foresight of the *Gazette* editors that chose to record those changes for posterity just as I do those who strove, in modest anonymity, nearly a century ago.

Yours sincerely,

DAVID C. WATTS
Dept. of Biochemistry
Guy's Hospital Medical School

Sporting Times

Dear Sir, The "Inflam" has always been enjoyed as a highly social occasion. We were most disappointed, however, to discover that a certain member of the *Gazette* Editorial Staff is abusing the spirit of the evening and transforming it into a breeding ground.

Yours sincerely,

CHROMOSOME ABNORMALITY
and
DICK FB FAIRWEATHER

Sport

MOUNTAINEERING CLUB

Recent Events

In January the club had two noteworthy excursions to Snowdonia. The first was a trip with a small pioneer posse who stayed in Pentrefoelas to use the brand new Club Hut for the first time. Stories of five-star luxury accommodation filtered back and were verified more recently on the Dinner Meet. Also taking place in January was the Old Boys Dinner Meet, then arranged due to the complication of taking time off shortly after starting new jobs. This was well attended by all but present members of the club. This lack of interaction will soon be given the chance to improve with the availability of membership cards enabling mountaineers past and present to use the marvellous new facility which has been so generously put at our disposal.

On the weekend following Valentine's Day a hut opening ceremony was held to coincide with this year's Annual Dinner Meet. Starting up at Ty'n-y-Llidiart and then gravitating down to the village the celebrations were attended by Professor Houston (originally from R.D.H.), Mr. Smith (their school secretary), Mr. Bompas and Mr. Joyce (Club President) as well as thirty-eight regulars of the club and Mr. and Mrs. Welsh, the caretakers of the Hut. A full report on the weekend will appear in the next edition of the *Gazette.*

HOCKEY CLUB

Endowed with a very powerful first team squad the Club is in the favourable position of being able to clinch first place in both the leagues. The Kent Division III fixtures have seen Guy's comfortably out-classing the opposition who in past seasons have always proved to be frustratingly difficult to beat. Promotion in the U.L.U. league is extremely likely due to the team's astonishing goal difference. The prospects for the Hospitals Cup are very bright too. The next Cup Match will be publicised so that supporters can be enticed to attend in similar fashion as for the Rugby Cup.

The Mixed Hockey Club, run fairly ineptly by the occasional Senior Pro, has flourished over the last two seasons and is attracting participants from all quarters. Now attempts must be made to reinstate the 2nd XI and have it as a tangible entity by the start of next season – could the attractions of mixed hockey provide the incentive for such a change?

RUGBY CLUB

GUY'S R.F.C. YULETIDE TOUR

The "Brain Death Tour" started at the "Shoe", with the decline of several players leaving our number at sixteen. Even before we departed, "Twat" was already as the newt and "Weasel" was being violently ill on the pavement. Roger turned up with an excellent minibus which was left in a far from excellent condition at the end of the week-end trip. This was mainly due to "Nag's" attempts to turn it into a greenhouse. We all lent a hand to drag an unwilling Davies with us, and set off for the New Forest which was our overnight destination.

Dawn saw many pale faces and we motored into Southampton leaving the lads in "Clap's" car to their cosy bed and breakfasts. Eating at MacDonald's did little to ease the pain. Indeed "Sperm" was first to the toilets after his gastric reflux from the bus window at high speed. In Southampton we kitted out in new tour gear – silly lampshades . . . sorry, hats, and loud ties. Davies somehow slipped away and was last seen on the 10:30 to London. After a meet with "Smeg" we made for the Isle of Wight and our first fixture. The crossing was in fact smooth, but too rough for the Captain who staged a vigil outside the toilets.

On the Isle of Wight we faced fierce winds which made conditions tricky against the "S.S. Hurricanes". We played their second team and convincingly won, 18 – 6, "A.I.D.S." scoring all our tries. Guy's played through the pack, and the "Hurries" followed which was foolish as they outclassed us on the wings. An excellent victory seeing as our men were not all feeling 100%. Our hero "A.I.D.S." duly downed his gins for being so foolish as to score, and was out of his head at six o'clock. Next came a long slog to Salisbury, but the Trent bitter (or was it lager, Steve?) in the bus made the journey tolerable. In Salisbury hats were removed to avoid Friday's aggro, and a team curry was taken. The curry was fair, but it was the first time I've seen someone faint as they left the establishment. Capable medics were on hand though, with comments such as "Leave her on the floor for a bit, she'll be alright!".

In the pub, "Gladis" was doing well with his "free T-shirt" routine until those two charmers "Monkey" and "Nag" arrived. The two "ladies" promptly fled for reasons we can only ponder at. As was fitting for the Winter solstice, a midnight trip to Stonehenge was arranged, with Roger "keep it calm" the driver heading for his first and last coronary. Personally, I have not laughed so much since "C.J." burst into song with "I can do the Nikki Lauda". Five of us braved the rains to visit the sacred stones and attempted to carve "Guys wos 'ere". The dark profile of "Gladis" nearly killed Roger there and then, whilst the other four had "sociable" words with the real security man and his pet.

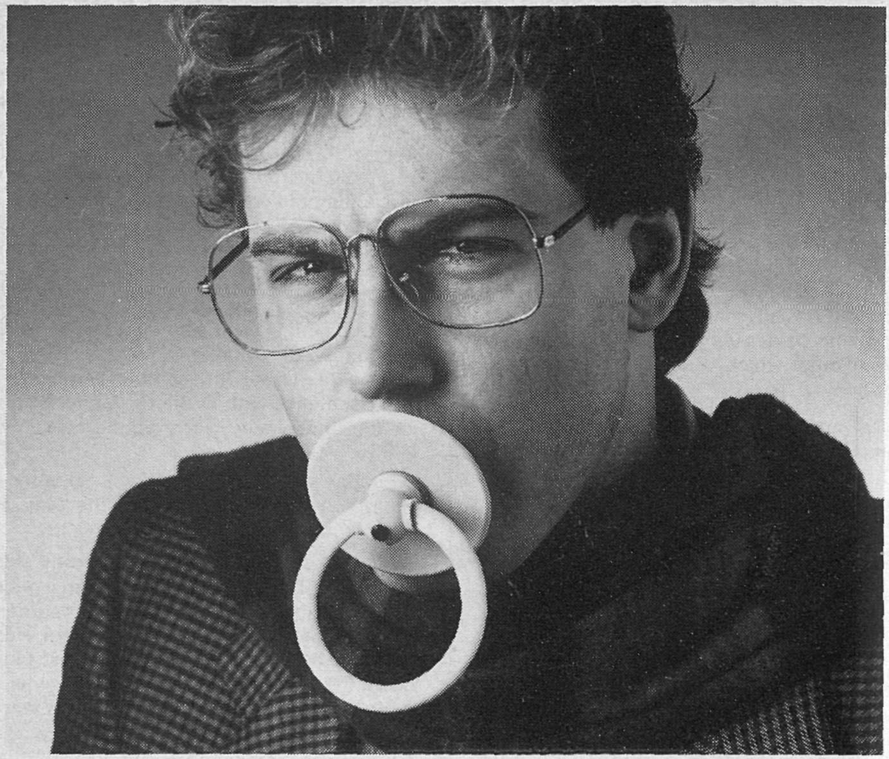
Saturday night was spent in the comparative luxury of "Monkey's" house. His parents were normal, indeed they did not start every sentence with "Wharr!" Many thanks for their hospitality, sorry about the septic tank!

Sunday's game was in Bristol. So, after a lie in, off we went, meeting the lads in "Clap's" car at the game.

The Old Colstonians put out a strong side against us. The match was played on a pitch that resembled a swamp in one corner. "Nag" scored against his old school side first, but they replied with some neat play down the wings. The eventual score was a loss, 20 – 4. Later, the drinking games were in full swing, with "Mucous" sitting out because he couldn't trust his own tongue. "Smeg" was being particularly foolish and was duly punished. In the pub afterwards, "Smeg" and "Clap" were rather interested in a certain young madam who resisted all advances, leaving the two Romeos heartbroken. The evening ended in rousing style in a G. and F. type pub, the floor being littered with glass and the other customer being treated to some rather sexist, rascist, fascist songs. Outside a convenient chippy we bade farewell to the lads in the car, and left them to the mercy of "Clap's" driving, which took no notice of the Christmas blitz on drivers. Somehow "Nag" managed to kick a window out of the minibus as he said goodnight, leaving the survivors to a freezing journey home.

The magnificent seven who were left arrived back at Guy's at 2 a.m. on the Monday morning. Cold, dirty, tired and about £60 worse off. Roger and "Sperm" managed to do some glazing and we went our way home to a proper bed. We were all in one piece, in spirit if not in body. Same time next year . . . perhaps.

WALLACE

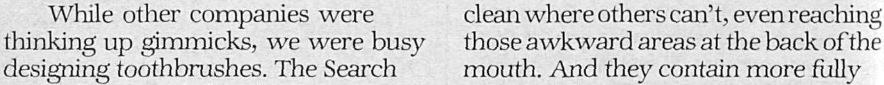


One toothbrush treats you more seriously than others.

While other companies were thinking up gimmicks, we were busy designing toothbrushes. The Search range for example has the most advanced features. They are preferred by the vast majority of dentists.* Each has a straight handle with a broad contoured grip for better brushing control. Their long slim necks and ultra compact heads make it easy to clean where others can't, even reaching those awkward areas at the back of the mouth. And they contain more fully rounded filaments than any comparable toothbrush. Sensodyne make the most comprehensive range of toothbrushes available. There's one to suit the needs of ALL your future patients.

Stafford-Miller Ltd., Hatfield,
Hertfordshire AL10 0NZ.

*Annual Dental Survey 1983.



SENSODYNE SEARCH

THE ULTIMATE IN BRUSHING PERFORMANCE.

Guy's "B" XV versus Thames Poly
Lost 62 – 0

No oranges at half-time, a changing room the size of my wardrobe, no shandy after the game, a poxy spread and another massive defeat, wrapped up a fairly lousy afternoon.

None of the Guy's side made any difference to the game, with the Polytechnic playing a strong side. "Stron" kept his nick-name of "Mr. Injury" alive by complaining of a broken finger and torn shoulder ligaments after the game. Personally, I believe that this man should see a psychiatrist about his habit of urinating in unsociable places, which he amply proved after the game. "Zipper" did not seem as enthusiastic as usual, but "Fat Bunting" put in a good performance.

The pressure of exams seemed to be on, with most of the team melting away after the game. Later, weak-willed "Stumpy" disgraced himself at the train station under no provocation *AT ALL*! Hearty congratulations to "Zipper" for his third Oscar, for his brilliant performance in "The Man With A Supposed Injury" the next day. No thanks to the Captain for another mismatched fixture.

Team: "Puke", "Stron", Cheah, "Dopey", Wilson, Sopha, Malcom "owes me a fiver" Cameron, "Fallus" (Captain), "Chops", "Colin", "Fatso", "Blote", "Zipper", "Tefal", "Suspender-Bender".

1985 Results:	Lost	7
	Won	0
	Drawn	1
	For	40
	Against	199

TOO COLD TO WALK HOME

Hospital Information

PAPERS BY GUY'S PEOPLE

Cerio, R. and MacDonald, D. M. Benign cutaneous lymphocytic infiltrates in histopathology, **Journal of Cutaneous Pathology**, 1985, **12**, 442–452.

Rowe, P. H., Hollands, M. J., Starlinger, M. J., Silen, W. Gastric surface cell function – potential difference and mucosal barrier. **Am. Journal of Physiology**. 1985, **248; G1**, 42–43.

Rowe, P. H., Trencis, L., Marrone, G., Kasdon, E., Matthews, J., Silen, W. Systemic (nutritional) Aspirin (ASA) does not affect gastric mucosa unless converted to salicylate (SA). **Federation Proceedings**, 1985, **44 No. 3**, 618.

Rowe, P. H., Owen, W. J., Stockton, K. Oedeme Bleu involving the lower limb. **Acta Scandinavica Chirugica**, 1985, **151**, 379–380.

PERSONAL

WORD processing services – manuscripts, theses, reports, letters, audio, etc. Professionally finished and binding available. For further details please call Shirley Kirby on 01–585 0302.

STUDENTS ACCEPTED FOR PRACTICAL TRAINING IN NUTRITION AND DIETETICS
1986–7

University of London Postgraduate Diploma in Dietetics
Miss Caroline Carter – B.Sc. London (Nutrition)

University of Surrey B.Sc. (Hons. in Nutrition)
Miss Amanda Joint
Miss Sally Carswell

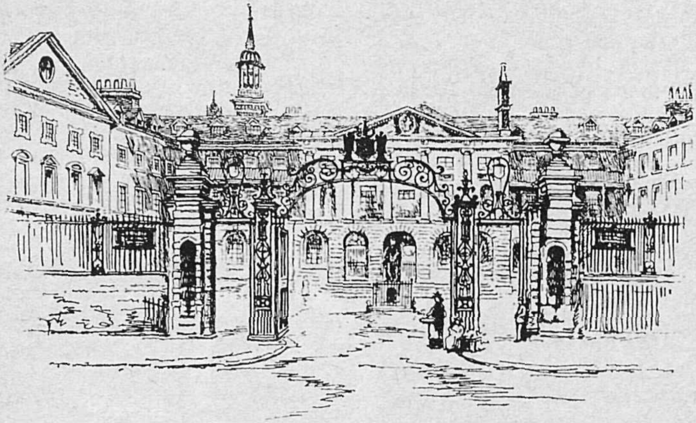
Leeds Polytechnic Postgraduate Diploma in Dietetics
Miss Caroline Berry – B.Sc. Manchester (Zoology)
Miss Amanda Bristow – B.Sc. (Hons.) Oxford (Human Biology)

South Glamorgan Institute of Higher Education – University of Wales B.Sc. (Honours) Dietetics
Miss Linda Beeken

Polytechnic of North London B.Sc. (Hons. in Nutrition and Biology)
Miss Valerie Campbell

University of Dublin B.Sc. Human Nutrition (Hons.)
Miss Jill Sommerville

Guy's Notelets



Guy's Hospital, Main Entrance.

These high quality notelets, in sets of five, bear this period pen and ink design in black.

We are able to sell these for just £1.00 the set (p. & p. free).

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

Guy's Hospital Gazette

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITOR **THOMAS BRINK**
ASSISTANT EDITORS **NEVILLE PURSSELL AND MARTIN STEFAN**
PHYSIOTHERAPY CORRESPONDENT **RONALD COOPER**
MANAGER **PAT DRISCOLL**

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

Page

PASSIM 95
NEWS IN BRIEF 96
CLUBS' UNION NEWS 101
"THE EUROPEAN CHALLENGE"
The Sarah Stolz Lecture of 1986 103
HEALTH – A LIVE ISSUE 107
MOUNTAINEERING AT GUY'S
"THE START OF A GOLDEN ERA?" 111
TRANSFER OF ORTHOPAEDICS FROM NEW CROSS TO GUY'S, MARCH 1986 115
by Andrew MacKechnie-Jarvis
"EAST" 118
by our Theatre Correspondent
PHYSIOTHERAPY 119
DENTAL NOTES 120
BORE REPORT 121
BOOK REVIEWS 123
CORRESPONDENCE 127
SPORT 129
HOSPITAL INFORMATION 135

APRIL 5, 1986 VOLUME 100 NUMBER 2361
Published Monthly at Guy's Hospital, London. All rights reserved.

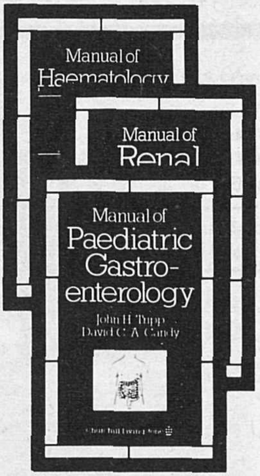
Pass your exams with Churchill Livingstone

The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll

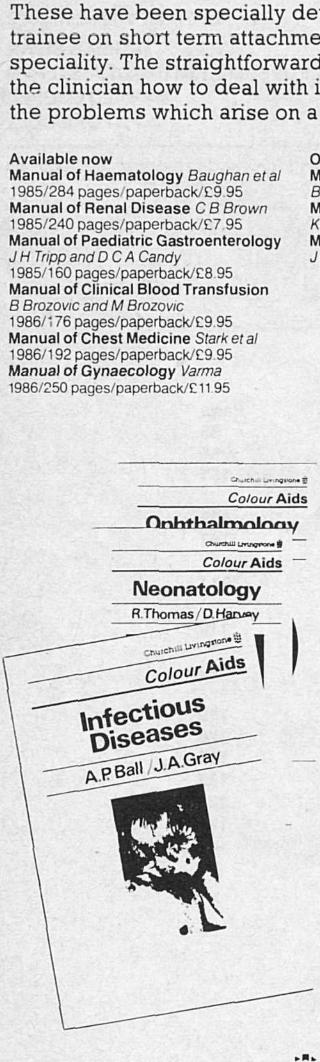

Manual of Haematology
Manual of Renal
Manual of Paediatric Gastro-enterology
John H Tripp
David C A Candy
Churchill Livingstone

Colour Aids

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.


Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious Diseases
A.P.Ball / J.A.Gray

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

The pen jerks in the poised hand and frivolous phrases are sketched hastily by the frantic nib-shadow. What is this unspeakably intense temptation which has grasped the writer's disorganised imagination? Could it be Satan? Or the next best thing – Cedric!? Yes! That devious spectre, who mischievously rants and usurps what is not his, has corrupted the bright-eyed innocence of this noble journal. Bore has achieved his ultimate aim – to write his own *Passim!* And yet, so brazenly has this travesty been perpetrated that no one has so much as blinked. Cedric is not a subtle character, at home with steadily degenerating bar-room anecdotes, he can only stumble on the by-product of his favourite pastime – gossip mongery. Ever watchful for that floating, idle rumour to tuck into his already bulging notecase, he has (by his standards) skilfully manipulated the ideas of others for his own gratification. Remodelled by his feverish little intellect the phrases are churned out, hall-marked by that particularly unique portly pomposity – well-loved, it is true, even obesely elegant perhaps but borrowed nevertheless. Insolently, in his hour of glory, he has selected some oft-mentioned issues and dealt with them so superficially as to conceal the sad truth that he doesn't understand them. Who does? How could comfortable Cedric guess that the Hospital is being stifled by a financial, bureaucratic, even elitist "panic blanket"? He cannot see, from his niche in the East Wing basement, the efforts being made by large medical institutions as they try to stay afloat. Cedric still believes that Guy's swallowed up the Royal Dental Hospital as a pike swallows a minnow, when in truth the merger is as beautiful an example of symbiosis as he could ever hope to see.

Perhaps Cedric Bore does lead a blinkered existence. Maybe his views are bigotted and there can be no doubt that he is overweight, but still he participates. He potters around near the hub of the big Guy's wheel with his large circle of casual acquaintances. Many of them are not unlike him but his voice is heard, he makes his presence felt. Of course it would be ridiculous for him to go on a diet and wear trendy clothes but as a bastion of the *alma mater* he cannot change unless the establishment does. Let the student body, those who are closest to Cedric in mentality, follow his example in doing something novel. Stick the underwear of Apathy in the laundry basket along with those thermal long-johns which are now obsolete with the onset of spring. Attend the Extraordinary General Meeting of the Clubs' Union and witness a bit of group action. Spread the load of organisation over a larger base so that more exciting events happen more often. Participate in Hospital life before you suddenly find that finals are in three months and work should have started Yesterday!

News in Brief

Thomas Guy's Birthplace

On Monday, 7th April at 5 p.m. Dr K. S. MacLean, Senior Physician Emeritus, unveiled a plaque on the wall of the old rectory of St. John's Church, Fair Street near Tower Bridge, to mark the site of the house nearby where Thomas Guy was born – No. 7 Pritchard's Alley, off Fair Street, SE1. Fair Street still exists, but Tower Bridge Road was cut across it in the nineteenth century and Pritchard's Alley disappeared. St. John's Church is now the headquarters of the London City Mission, which has kindly agreed to the plaque being put up facing Tower Bridge Road, where Pritchard's Alley lay.

Those taking part in the ceremony included:

Professor T. J. H. Clark, Dean of Guy's; Dr K. S. MacLean, formerly Senior Physician of Guy's Hospital; Mr. D. H. Thornton, Chairman of the London City Mission; Rev. Duncan Whyte, General Secretary, London City Mission.

The Annual Dental Dinner

In spite of the cold and the snow, one hundred and thirty people attended the Annual Dental Dinner held in Boland House on 1st March. Excellent speeches were given by Dr. Creamer, Professor Rowe, Professor Cawson, the President Mr. Longhurst and the Secretary Mr. Foster. The Toasts were the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals and Guy's Hospital Dental Society. Professor Cawson, in the last Clinical Day before his retirement, wittily traced some of the achievements of the Dental Staff over the years.

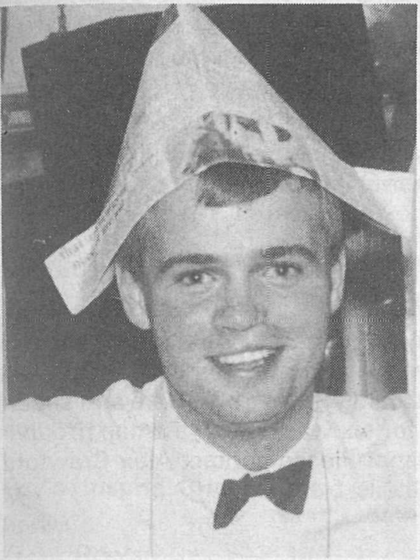
A delightful short interlude, most appropriate to St. David's Day was provided by Miss Victoria Longhurst on her harp.

There was a good "turn out" of Graduates who were celebrating the thirtieth anniversary of their Qualification and who made a very kind donation to the Dental Society during the evening.

Party Ingredients Ltd provided a meal up to their usual high standard and thanks must go to Miss Jean Bethune for selling the tickets and her help in arranging the seating.

Final Year Ball

This year's Medical Final Year Graduation Ball is being held on Saturday, 21st June in the Glazier's Hall, London Bridge. This year promises a greater turn-out of Consultant and Junior staff and offers a variety of musical and cabaret entertainment with dinner for only £30 a double ticket. All old and present Guy's students and staff are welcome. For tickets, contact Marcia Hall, Boland House before 23rd May, cheques payable to Guy's Hospital Final Year Ball Committee.



Editorial Resignations

It is with gratitude and commiseration that the *Gazette* has to bid farewell to John Latimer and Marcia Hall. Both have been involved for a substantial time with the journal and have provided extremely staunch service. Exam pressure inevitably puts an end to the activities of even the most diligent and we are sorry to see them go. Chris Pocock has also retired as sports editor.

New Committee

Thomas Brink takes over as Editor of the *Gazette* with Martin Stefan and Neville Purssell who have been appointed Assistant Editors.

Gazette Staff Vacancies

Following the retirement of editor, assistant editor and sports editor there are several vacancies on the editorial committee. In fact, at the moment there is something of a staff shortage. Any persons interested in seeing how the *Gazette* is produced, or who may have journalistic aspirations are most welcome to attend one of the three production sessions which occur for each edition. Some may not realise that the *Gazette* is actually put together by students. Any of the present editorial staff would be delighted to discuss the matter in more detail and to give you an insight into the machinations behind the scenes. Please do approach us, or contact the *Gazette* though its pigeon-hole in Boland House.

Prize Placental Paper

While a Clinical Lecturer in Obstetrics and Gynaecology at Guy's in 1982–83, Mr. Ruparelia wrote a paper in conjunction with Mr. Chapman on Early low-lying placentae. The paper was published in the European Journal of Obstetrics, Gynaecology and Reproductive Biology last year.

This year the paper has won a runner-up recommendation prize in the BUPA Medical Foundation's Doctor of the Year Awards. The presentation is at The Savoy on 17th April, 1986.

University of London Mountaineering Club

University of London Mountaineering Club needs a qualified doctor for a six-week expedition to Greenland in the summer of 1987. He or she should have experience in mountain and cold weather medicine and should be a keen and proficient climber, ready for six weeks with a small group in the Stauning Alps, N.E. coast of Greenland. Please contact Alex Crawford, c/o ULMC, Malet Street, WC1E 7HY for details.

Guy's Bridge Club

The first session of the Guy's Bridge Club was held on 20th March in Boland House, and was a highly successful evening.

The next meeting will take place on Thursday, 17th April at 6.00 p.m. in the North Common Room B/H. The Medical Sickness Society have kindly offered to provide Sponsorship for this event.

The Friends of Guy's Biennial Fair

Once again the Biennial Fair of "The Friends of Guy's" will be held in the Park of the Hospital – this year on Thursday, 22nd May, 1986 from 11.00 a.m. until 3.00 p.m.

Every two years the Friends select a special project to support and to which the profits from the Fair are given. This year they have selected the provision of special equipment for use in the Intensive Care of Babies and Children. There will be a Grand Raffle with many valuable prizes and a variety of stalls. They need gifts for sale on these stalls, outlets for the sale of raffle tickets, publicity, prizes for Tombola or cash donations, so all help will be gratefully received.

All are welcome on 22nd May.

Front Cover

The front cover this month is a photograph of Schloss Habsburg. This castle is the *Stammburg* or ancestral home of the Habsburg dynasty. It stands in what is now Canton Aargau in Switzerland. The original castle, of which only the tower remains, was built in approximately 1020 by Count Werner von Altenburg who was then Bishop of Strasbourg. The situation provides a panorama of the lower valley of the Aare towards the North and the mountains of the Glarus and Bernese Oberland to the East and South. A remarkable backdrop to the already much-hailed visit to Guy's of Dr. Otto von Habsburg for the Sarah Stolz lecture in February (see article page 103).

Sister Louise Wier

We would like to congratulate Miss Louise Wier, Sister of the Children's Accident and Emergency Department, who celebrated her 25th year of working at Guy's on Thursday, 6th March. She started working at the Evelina Children's Hospital on 6th March 1961 and moved to Guy's Hospital 10 years ago when the Children's Hospital was closed and the Evelina Children's Unit at Guy's opened.

Summer Festival

This year's Summer Festival will be held on Saturday, 31st May at Honor Oak Park. Traditional events of mini marathon, five-a-side football and mixed doubles tennis are being held as well as children's games and a spectacular parachute display. For further details contact Gerry Skailes, Boland House.

Guy's Hospital Cricket Club 1st XI Fixtures in 1986

April			
27	Rowan	2.00 pm	H
30	King's Hospital	2.00 pm	H
May			
3	Temple Sheen Eccentrics	2.00 pm	H
4	London Hospital	11.30 am	A
10	Carnegie	2.00 pm	H
11	St. Bartholomew's Hospital	11.30 am	A
14	Stoics	2.30 pm	H
17	Old Citizens	2.00 pm	H
18	Lonsar	2.00 pm	H
21	Charing X/Westminster Hospital	2.30 pm	H
25	Dulwich Wanderers	2.00 pm	H
26	Queen's College (Oxford)		A
June			
1	St. Thomas's Hospital	2.30 pm	H
4	Charing X/Westminster Hospital	2.30 pm	A
7	St. Mary's Hospital	2.30 pm	A
8	Past	11.30 am	H
11	Hurlingham Oddfellows	2.30 pm	H
14	Old Lambethians	2.30 pm	H
15	St. George's Hospital	2.30 pm	H
18	Imperial College	2.30 pm	H
21	Old Castletonians	2.30 pm	H
22	Crofton Park	2.30 pm	H
28	Gray's Inn	2.30 pm	H
29	Brixton West Indians	2.30 pm	H
July			
5	Lewisham	2.30 pm	H
6	Lambeth	2.30 pm	H
13	Cosmopolitan Athletic	2.30 pm	H

Gerry Skailes – Clubs' Union President

Clubs' Union News

Having at last been able to hold the Clubs' Union AGM after one false start, the new committee is settling down well to their various tasks with enthusiasm. Unfortunately due to the fact that the AGM was not quorate for the entire meeting, adequate discussion on the issue of the bar opening at lunchtime did not take place. Only John Edward's proposing speech was heard, his reasons for the bar opening at lunchtime included the fact that the bar had been open at lunchtime in the past (although unofficially), that some other medical schools have their bars open at lunchtime (however, there are moves to close some of them) and that Guy's students are responsible members of society – if they wanted to get drunk at lunchtime they could do so in one of the many surrounding pubs. At the end of this speech, the meeting was closed and due to the lack of discussion and vote, several students called an EGM. This will be held at the beginning of next term (Monday, 28th April at 1.10 in the Ballroom) – if you care about this matter at all, then make sure you are there to have your say.

This Easter, the National Student Services Conference took place, at which the NUS finally took control of our services, shops, bars, catering and travel, under the umbrella of the National Student Services Organisation (NSSO). This means that non-NUS affiliates such as ourselves will have to pay three times as much as those in NUS to get the same discounts on stationery, beer, etc. However, most of the traders are prepared to still deal with us on the same terms as we do now as they don't believe that services should be mixed with the politics of the NUS.

Gerry Skailes
(President)

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY
Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

Guy's Hospital Gazette

English Pewter 1 pt Tankards, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed.

Cost £18.00

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Tankards at £18 each (plus 50p p & p.)

I enclose a remittance of £................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

"The European Challenge" The Sarah Stolz Lecture of 1986 given by Dr Otto von Habsburg

by our Foreign Correspondent

The occasion of the Sarah Stolz Lecture this year has already been hailed, in this journal and around Guy's, for its likely prestige and importance. Following the preparations, and publication of Dr Winsley-Stolz's article of introduction, the event was certainly expected to be a memorable one. The fully packed Tower lecture theatre was perhaps also to be anticipated, with the subjects of this particular lecture becoming more diversely orientated towards greater general interest. But the dynamism and authority with which Dr von Habsburg delivered his dissertation must have impressed, surprised and even worried the listeners. In his introduction, Dr Houston, who chaired the meeting, eloquently summarised some of the historical background and sketched a picture of how Dr von Habsburg came to follow this chosen avenue in Politics. By mentioning that "Dr Otto" has written twenty-four books on various political topics, is President of the Pan European Union and is MEP for Bavaria, the scene was set.

As a starting point, Dr von Habsburg chose to highlight the initial motivation behind the establishment of the Sarah Stolz lectureship. To honour the memory of those who suffered and died under the racial oppression of the Nazis and to ensure that such a situation never arose again was, he insisted, our responsibility, now and in the future.

Straight away he moved on to the subject of Europe. For so many nations with such a diversity of languages, religions and cultures to have been at peace for forty-one years, if previous history is anything to go by, is exceptional. Dr von Habsburg wanted to give us grounds for optimism. This theme of hopefulness and confidence persisted throughout his talk and caused some consternation among those present.

Throughout the lecture the audience was restlessly attentive. For some this was the first Sarah Stolz lecture they had been to. Perhaps the spectacle of so many senior staff, with other mysteriously important-looking individuals also present, was sufficiently awe-inspiring to make it difficult to absorb all the nuances of the speaker's arguments. Dr von Habsburg was very captivating though, not least because of his marvellous use of English. For me, the intonation and absolute solidity of his voice, to the accompaniment of occasional pounding of the lectern (allied with typically positive continental gesticulations) was quite exhilarating. Probably many of those listening were trying to place Dr von Habsburg's accent: grammatical idiosyncrasies of a German-speaker with a subtle element of French pronunciation.

Dr von Habsburg explained how the generation to which he belongs had experienced, at first hand, the transition from a Europe in turmoil to one which became unified. Drawing a parallel between unified Europe and the United States of America, Dr von Habsburg illustrated that the forty-one years which have elapsed since the end of the Second World War have seen more fundamental, swift progress than the eighty-seven years between the War of Independence and the formation of the U.S. In spite of this prolonged period of peaceful productivity the political triumphs have only occurred slowly and have arisen as a result of considerable cooperative efforts. His examples of important breakthroughs, both political and economic included the setting up, with the Ellis Report of 1981, of a permanent body to decide on Community Foreign Policy. Dr von Habsburg told of how the agreements achieved, partcularly with such polar personalities as Mrs Thatcher and Mr Papandreou being involved, could not be underestimated and were proof that foreign policy could be expressed effectively by the European Parliament. Progress on another major issue, aid and development budgeting, whose true potential will be felt in the coming decade, had been sadly neglected by the media. Dr von Habsburg felt this was rather poor considering the mass of public opinion crying out for greater contributions to be made by governments. At the time of the lecture it had only recently been decided to pool these resources, making them a part of the Community budget.

Sir Gerard Vaughan, Professor Clark, Dr von Habsburg, Dr Winsley-Stolz, Dr Houston.

Dr von Habsburg succeeded in covering a very broad range of past, present and future issues, consistently maintaining that a communal Europe was certainly the best way forward. As a primary economic and political force he seems to be convinced that Europe will play a crucial role in controlling the balance of power of the whole globe; whether he will be proved right remains to be seen.

Whilst discussing the subject of technological development he confessed that he had spoken to eminent scientists during a week-long conference, about their work, "I was deeply impressed but I understood nothing." I wonder if perhaps this *dictum* could not be applied *vice versa* to Dr von Habsburg, the specialist in political science, and some of us, his audience at the lecture. He also revealed the astonishing statistic that Research and Development in Europe is 98% National and only 2% Communal. It would be interesting to find out what the ratio is for medical research, since the above balance suggests very inefficient use of resources, with a lot of parallel work being done.

Dr von Habsburg had kept a constant watch on the time and approached a conclusion after a mere three-quarters of an hour's speaking overall. At the end he reiterated his optimistic outlook. He said the task ahead was colossal but, with decisiveness and willingness to act, not insuperable, providing the ideals of all the nations within the Community were taken into consideration.

Sir Gerard Vaughan gave the vote of thanks and went on to express a wariness of what he described as the "European Adventure". It is interesting that Dr von Habsburg, perhaps tactfully, had chosen not to express any opinion of "British" attitudes in the context of the European Community.

Dr Winsley-Stolz concluded the proceedings with great humour presenting Dr von Habsburg with an engraved tankard . . . "a beer tankard" . . . which he suggested "Dr Otto" should fill with Löwenbräu on his return to Munich. He said it was fitting that Dr von Habsburg had given the lecture on the thirtieth floor of the Tower, "the only floor to be given to visionaries!"

Later in the evening a dinner was held at the English Speaking Union in honour of Dr von Habsburg. From a total outsider's point of view it was striking how concise and unprolonged this very formal occasion turned out to be. After the meal there were speeches from Sir Philip Adams – President of the E.S.U., from "Dr Otto", Sir Frank Roberts – former ambassador to the Federal Republic of Germany and from Dr Winsley-Stolz. Many congratulations and thanks are owed to Dr Winsley Stolz for his efforts in conceiving such a unique and memorable occasion.

Guy's Hospital Gazette

English Pewter Goblets, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed. ***Cost £15.00***

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Goblets at £15 each (+ 50p p. & p.)

I enclose a remittance of £.................

To: **The Manager, Guy's Gazette Office,**
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

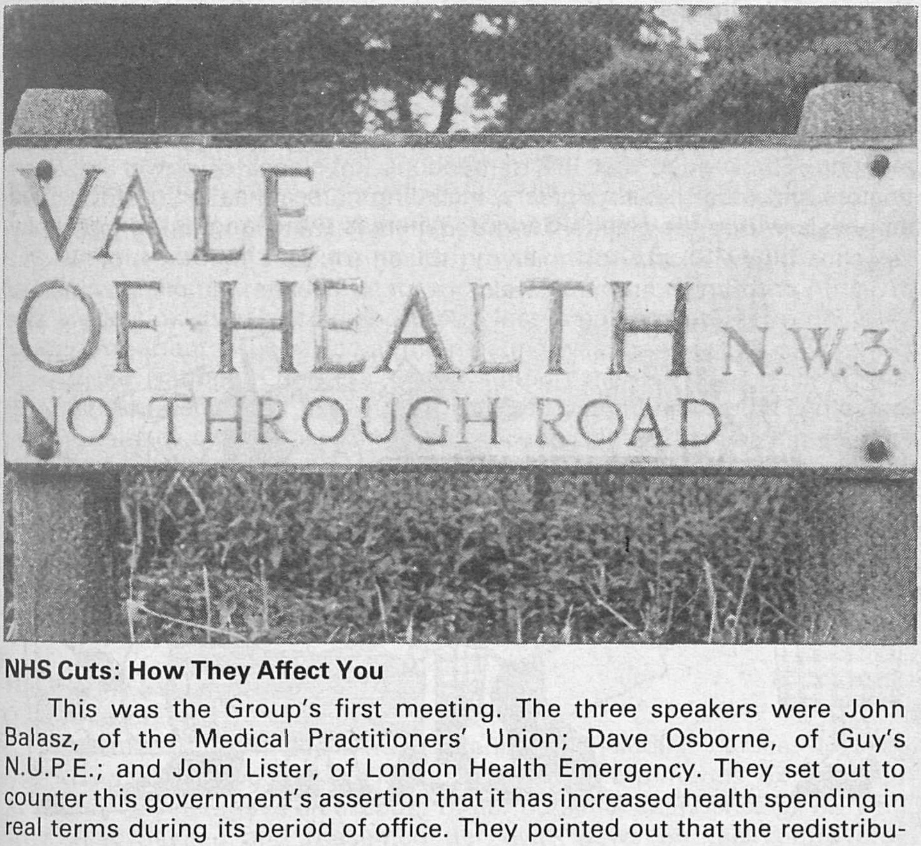
Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Health – A Live Issue

After a lapse of several years, the Guy's Hospital Issues in Health Group has been revived. This article reviews the new Group's progress in its first few months.

Why should health workers concern themselves with politics? This is the question which has repeatedly faced the founders of the new Issues in Health Group since the Group's revival at the beginning of the year. The obvious answer is that politics is inescapable in the health field; political decisions determine the levels of funding, the type of service provided, the numbers of people trained for health jobs. In short, if we choose to ignore the political framework in which we work, we are choosing to ignore the forces which determine the very nature of the work we do. The aim of the new Issues in Health Group is to provide a forum for discussion of current health issues. The outstanding success of the first four meetings has shown just how much interest there is at Guy's in up-to-date health topics.

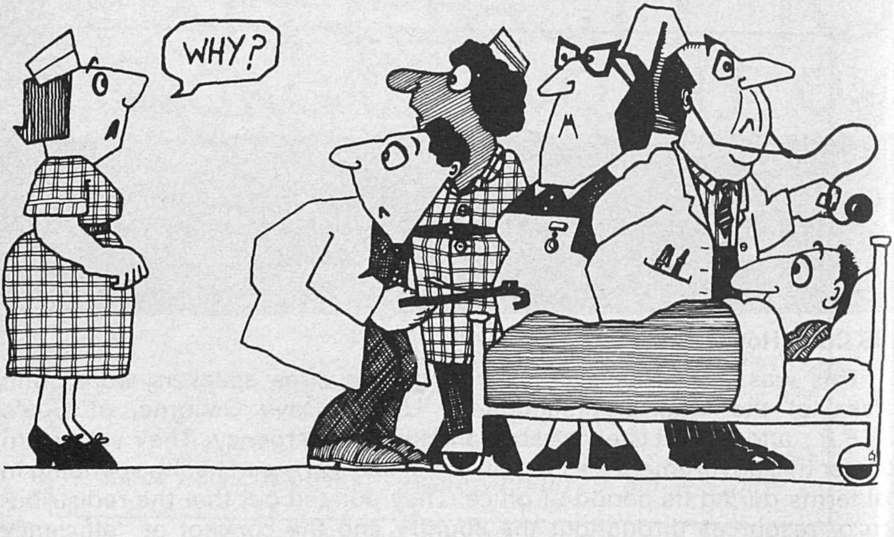


NHS Cuts: How They Affect You

This was the Group's first meeting. The three speakers were John Balasz, of the Medical Practitioners' Union; Dave Osborne, of Guy's N.U.P.E.; and John Lister, of London Health Emergency. They set out to counter this government's assertion that it has increased health spending in real terms during its period of office. They pointed out that the redistribution of resources throughout the country and the concept of "efficiency savings" had been used to disguise actual cutbacks in provision. Claimed increases in staff numbers, especially nurses, in fact only covered up for reductions in the number of hours worked. In addition to this, a growing proportion of elderly people in the population meant an increasing drain on health resources, so that increased funding was required just to keep services at a constant level. Poor housing and unemployment further contributed to the need for improved health care. Instead, cutbacks were occurring in the very inner-city areas where help was needed most. Specific examples included the loss of one-third of the beds at Guy's over the past six years; loss of large numbers of jobs by failure to fill vacancies; and waiting lists in Southwark of 11 months for E.N.T., up to two years for Orthopaedics and an indefinite time for Gynaecology. John Balasz, who trained at Guy's and is now a local G.P., gave a vivid account of the frustration caused by this lack of services in a borough where 80 per cent of the population lives in council housing. Dave Osborne pointed out the sense of helplessness experienced by health service employees when faced by plans for privatisation which would lead to lower rates of pay, a deterioration in working conditions and dubious gains for the health authority in terms of cost and level of service. John Lister said that the closure of St. Olave's and the proposed closure of New Cross Hospital were just two local examples of a nationwide phenomenon.

Let's Play Doctors and Nurses: Sexual Politics on the Wards

Jane Salvage, S.R.N., Author of *The Politics of Nursing,* spoke at this meeting. She argued that the tremendous imbalance of power between doctors and other health workers, including nurses, has led to a lopsided emphasis within the Health Service. Whereas the changing demography



Reproduced by kind permission of Cath Jackson and Heinemann from "The Politics of Nursing" by Jane Salvage.

of the country would seem to point to more resources being directed towards long-term care of the elderly and chronically ill, the "cure-oriented" medical approach tended to ignore these people and to emphasise the prestigious hi-tech aspects of the Health Service. This money was spent according to the demands of the most powerful pressure group, the medical lobby. Jane Salvage traced this imbalance of power to the traditional class and gender divisions between doctors and nurses. The meeting attracted a mixture of nurses, doctors and students, both medical and nursing, and it was generally agreed that apart from more profound changes, a greater integration of some aspects of medical and nursing training would provide a starting point for change.

Health Under Apartheid

The speaker was Dr. Jon Flaxman of the African National Congress, a South African now working as a paediatrician in this country. Dr. Flaxman presented a vigorous argument against students going to South Africa on electives. The African National Congress, representing the black majority in South Africa, has declared that sanctions and isolation imposed on South Africa from outside will weaken the apartheid system. Indeed, Britain is one of very few nations who dispute this argument – largely because of Britain's dependence on economic links with South Africa. Several Guy's students and junior doctors who had spent time in South Africa on electives challenged Dr. Flaxman's position. They echoed his outrage at apartheid and the conditions suffered by the black majority, especially the appalling standards of health care which are reflected in a perinatal mortality rate for blacks which is ten times that for whites in South Africa. However, they did not agree that their presence lent support to the white regime, and argued that without foreign support, health provision for blacks would collapse totally. Dr. Flaxman replied that for the black community in South Africa, it was a question of balancing short-term losses against long-term gains. A further important issue raised at the meeting was the question of whether the African National Congress should support the use of violence in the struggle for freedom. Dr. Flaxman answered by pointing out the continued use of violence against blacks by the police in South Africa as a means of repression, and the enormity of a situation where "one person, one vote" was totally out of the question. He compared the situation to that of the French Resistance under the German occupation, and pointed out that no one criticised the Resistance fighters for using violence: in some cases, violence was the only solution. South Africa was in a state of war, and in wars, violence was used. This point caused intense debate.

The Wendy Savage Case: Obstetrics on Trial

This meeting attracted a huge attendance including nurses, doctors, dentists, medical students and lecturers. Dr. Katie Simmonds, ex-Registrar to Wendy Savage, gave an account of her personal experience of working with Mrs. Savage and presented her own views on the controversy surrounding the case. She argued that the enquiry was not a basis on which to judge competence, as it was deliberately restricted to the five cases in

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

The Medical School, 1947	**Size 15″ × 12″**	**£7.00**
The Main Entrance, 1946	**Size 15″ × 12″**	**£7.00**
The Park, 1946	**Size 15″ × 12″**	**£7.00**
Hunt's House, 1948	**Size 15″ × 12″**	**£7.00**
The "Ship and Shovel", 1912	**Size 10″ × 8″**	**£3.50**
The Quadrangle, 1925	**Size 10″ × 8″**	**£3.50**

ORDER FORM

Name ....

Address ....

....

Design	*Quantity*	*Remittance*
The Medical School		
The Main Entrance		
The Park		
Hunt's House		
The "Ship and Shovel"		
The Quadrangle		
	TOTAL	

To: The Manager, *Guy's Gazette*, 23b St. Thomas' Street,
Guy's Hospital, SE1 9RT. Tel.: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday 9 a.m. – 5 p.m.

dispute and did not allow Wendy Savage to defend herself by referring to the rest of her 26 years' work or her overall perinatal mortality rate, which is very respectable. Dr. Simmonds personally had a high opinion of Wendy Savage's work and felt that Mrs. Savage's competence as a clinician was not the true reason for the moves against her; behind the attacks lay the complex internal politics at the London and a deep distrust of Mrs. Savage's personal commitment to a more community-based style of obstetrics. Furthermore, Dr. Simmonds believed that Wendy Savage's declared opposition to private medicine and her willingness to work entirely for the Health Service had made her unpopular with the other consultants. The latest news on the Wendy Savage case, at the end of the five-week enquiry, is that Mrs. Savage will have to wait four months for the panel's findings. In the meantime her suspension, imposed last April, will continue.

Further Meetings

The Issues in Health Group has plans for further meetings after Easter. These will include Privatisation, Racism in the Health Service, and Health in Nicaragua. There is no formal membership, and everyone is welcome to attend the meetings. If you would like further information, please contact: Tricia Bohn, Jenny Keen or Nigel Whitehouse in Boland House.

Mountaineering at Guy's – "The Start of a Golden Era?"

by Maurice Ossian's grandson

The purpose of promoting the Mountaineering Club and its activities to full article status in this *Gazette* is an important one. In the past it has only occurred when major expeditions have been mounted and significant peaks scaled, as with the Santa Cruz Expedition of 1984. On this occasion the news comes from a lot nearer to home – a mere two or three hundred miles away, from North Wales, in fact. GHMC has very happily had an asset realised for its benefit – the acquisition and conversion of a chapel to be used as a base in Snowdonia. This great boon will, it is hoped, be available for use by anyone at Guy's or by Old Guy's People who are interested. The good fortune and administrative support with which the Club (and hence the Clubs' Union) has been blessed cannot be underestimated and gratitude can and must be shown by sensible care and use of the Hut.

In January a preliminary, pioneer visit to the Chapel at Pentrefoelas was organised and the pristine hut was occupied for the first time. Then in February, on the weekend of St. Valentine's Day, the official opening ceremony was arranged to coincide with the Annual Dinner Meet.

Thirty-eight club members had spent the Saturday indulging their passion for the outdoors and returned safely to the Chapel to welcome the protagonists who had been working on this venture for so long. Driving up the steep hill, which runs from the village of Pentrefoelas up to the group of buildings of which one is the Chapel, the first minibus nearly ran over Mr. Joyce (club President) and Mr. Bompas, who had chosen to walk from their hotel. The intrepid pair declined the offer of a lift since they had all but completed the "half-mile" stroll.

The Chapel at Pentrefoelas in North Wales

Later, the hut packed with tired bodies by now and the wind howling desperately outside, Mr. Smith and Professor Houston joined the throng. Mr. Smith was the Secretary of the Royal Dental School and Professor Houston, also from the "Royal", is now head of the Children's and Orthodontics department at UMDS. Mr. Smith had obviously spent the day in fairly civilised surroundings, although it transpired that he had arrived at the Foelas Hotel the evening before, because he was not afflicted by the ruddy complexion and startled hairstyle which most of the rest of us had acquired. Professor Houston on the other hand, had either just arrived from a senior orthodontic staff meeting or returned from some blustery snow ridge. Those present were guided in their ponderings by the well-used pair of "Koflachs" on his feet and other winter clothing worthy of Mr. Portman-Lewis.

Mr. and Mrs. Welsh, who look after the hut, also appeared from their house along the road and all were able to move outside for the "Key" presentation. The front door was closed (the latch dropping audibly) and the key was presented to Mr. Smith whose honour it should have been to symbolically "open" the Chapel. However, the onlookers were literally chilled to witness that no key was forthcoming! Cameras clicked and everyone became more and more cold. Thankfully someone had been locked inside and was able to save those standing outside from impending hypothermia. After this everyone dressed for dinner down at the Foelas Hotel.

The anticipated creature comforts of the hotel did not quite live up to expectations. Even with the additional thermal energy lost from forty-seven healthy bodies, the ambient temperature in the building barely crept into double figures (centigrade). From the chilly bar to the glacial dining hall, the transition from chattering girl-noises to chattering teeth-sounds was patently noticeable. The meal was frugal, but the conversation was good. Evolution must have been back-pedalling throughout the carboniferous meal because the public response to the slide-show afterwards was positively poikilothermic. The subject matter was a little repetitive but served to soften up the very congealed audience. It was at this stage that the speeches were called for!!

Spot the medical student? dental student? Guy's Graduate!

Lynton Banks made a brief vote of thanks to the Guests of Honour which resulted in Mr. Bompas rising to speak to a hushed and attentive audience. Diffidently our Medical School Secretary described how funds had been made available from the Royal Dental School for purchase and conversion of the Chapel. Some of his words conveyed the satisfaction which Mr. Bompas deservedly feels at having master-minded, at least in part, the planning of this enterprise. He did, however, credit most of the glory to Mr. Smith from RDH. The latter was moved to reply and modestly said that Mr. Bompas had been more than instrumental in setting up the opportunity for purchase going on to mention that the germ of an idea had started with Professor Houston. At this stage it appeared that this gentlemanly "passing of the buck" would bring Professor Houston to the floor but Mr. Smith related one or two anecdotes and the moment passed. Senior members of the Mountaineering Club were not surprisingly lacking in confidence to follow on from such worldly sages whose eloquence was not inconsiderable. Mr. Joyce came to the rescue and was able to capture and further the atmosphere of solemnity amongst the assembled which was akin to the behaviour of a growing child on receiving a costly and unexpected birthday present. He told of his undergraduate days wending his way up to Tremadoc for weekends in the hills of North Wales and told us how Guy's was an awesomely familiar, revered word in the principality and further afield. He brought the realisation to us that the acquisition of the Chapel would have a very significant impact on the Club and the Hospital in the future. Dominic Flanagan was teased, not for the first time, by his surgical friend and rose to round off the proceedings in a lighter vein.

Everybody, after further celebrations at the hotel, was whisked back to the hut for an after dinner shin-dig. Merriment continued well into the night until all were overcome by weariness. Mr. Joyce was an obstacle, fast asleep in a bundle on the floor upstairs but not many trampled all over him. On behalf of GHMC I would like to thank all who attended, particularly Professor Houston, Mr. Smith, Mr. Bompas and Mr. Joyce who made this a significant and enjoyable occasion.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are April 16th and May 21st.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Transfer of Orthopaedics from New Cross to Guy's, March 1986

by Andrew MacKechnie-Jarvis

Many readers will be saddened to learn that surgery at New Cross Hospital ceased in March 1986, after a "run" of exactly 30 years.

In 1939 the London Teaching Hospitals dispersed their services to various suburbs, notably Orpington in the case of Guy's. Post-war re-organisation was gradual, and the New Cross Unit was opened in 1956 under the guidance of Dr. John Buxton, amongst others. The future pattern was set then, with orthopaedics, ENT, gynaecology and plastic surgery being catered for. The orthopaedic surgeons were Mr. Batchelor, Mr. Stamm and, rather later, Mr. Crabbe.

The 1950's medically speaking were a time of severe shortages, and enormously long working hours, but also of high morale amongst the staff. It sometimes seems as though the great improvements in working hours in the NHS have produced an army of clock watchers. At New Cross the old practice of seeing the job through persisted, and the same high standards were maintained right up to the final operating list.

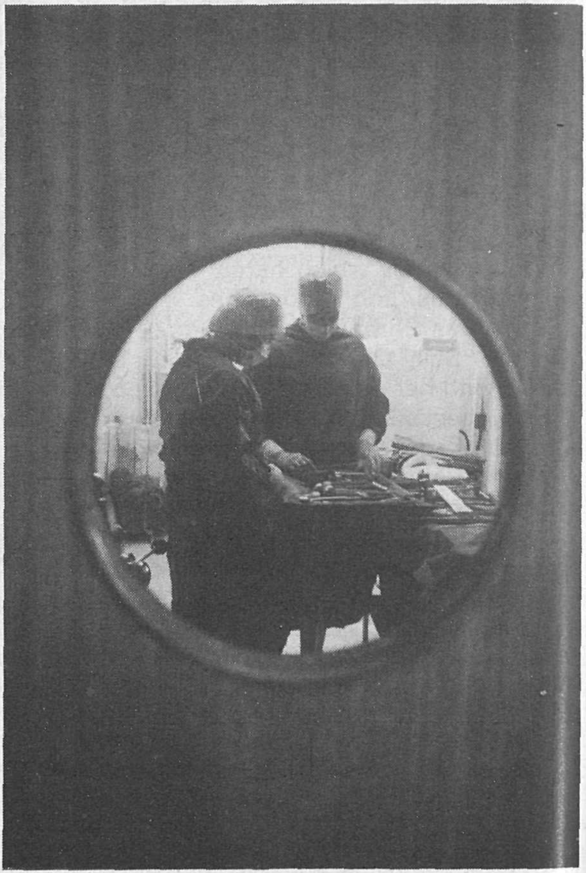
This was of course entirely due to the dedication of the many long serving staff at the hospital. Despite its rather bleak exterior, and latterly its dilapidation, New Cross was an extremely efficient unit, as could be demonstrated by almost every measurable statistic. It certainly surprised expert analysts who studied it in 1984. Ken and Colin achieved theatre turn-round times which barely allowed for a cup of coffee, although the supply of this, and sandwiches, never ran out. The central figure in the theatres was Barbara Packer who joined the staff as Sister in 1969. She trained at Selly Oak Hospital, having come from Barbados in 1956. Sister Packer, with her quiet authority, looked after a loyal staff who ran a theatre of the highest standard. The emphasis was on a restricted range of surgery: in other words, operations that always worked – although the repertoire was certain not static. Infections did occasionally occur of course, but the rate of serious sepsis must have been around 1 per cent – better than some "clean air" theatres. Apart from cleanliness, the achievement of a low complication rate also demands some less definable factors, such as an ordered theatre, with a harmonious atmosphere. Lack of an instrument, or worse still a whole set of them, is an almost everyday feature of some larger units, with a very upsetting effect on the surgeon's concentration. At New Cross Millie and her colleagues were able to re-pack our many favourite tools fast enough to keep up with the most hectic lists.

The move to theatres 3 and 4, to form a self-contained orthopaedic theatre at Guy's, has been skilfully carried out. Things are once again starting to work smoothly under Sister Packer's care, and we are very happy that Nora, Millie, Josephine, Angela and Ken are staying together as a skilled team.

A short and very rickety corridor led from the theatres to the two orthopaedic wards: *Trethowan (male) and Lambrinudi (female)*. Sister Gillian Harris took over Lambrinudi in 1970, and is to stay on after the move of the orthopaedic services. Her methods were simple and effective: the highest nursing standards were given and in return the patients were expected to get better at their own pace, but preferably quickly! Naturally they always did so – some perhaps a little less quickly than others. Somehow the beds were always ready for the next round of hip and knee patients who arrived *en masse* at the weekends. Sister Harris especially liked nursing patients after hip replacement. One of the great advantages of this really marvellous operation is that it can be done so successfully in a "low-tech" unit such as New Cross. The danger of thrombo-embolism is always one of the arguments offered in favour of closing such isolated units but, miraculously, serious emboli were extremely rare (as indeed were all other complications). We are sad to lose Lambrinudi as an orthopaedic ward, but hopefully we may still be able to transfer down some convalescent hip patients under combined rheumatology care.

Sister Packer

Sister Harris



Preparing for the final hip-replacement

On Trethowan the traditional contrast bewteen male and female orthopaedics was immediately felt. Here the "hips" were few while "knees" were innumerable. Ever shorter stays resulted as arthroscopic surgery became more frequent on Mr. Henry's firm. Up to ten arthroscopies per week were performed. Sandra Baker was the final Sister on Trethowan, and she has moved up to Guy's to take charge of Queen ward where we wish her every success. Queen now becomes the elective part of the slimmed down 54-bed Orthopaedic Unit.

After good modern surgery and good old-fashioned nursing, the third essential requirement for successful orthopaedics is skilled physiotherapy. Again we were blessed by a continuity of care which is almost never seen in larger hospitals. Fiona Morrisson has been with us from 1977 and worked as Senior Physiotherapist, concentrating on the knee service of Mr. Henry which kept her very busy. Fiona always found time for a friendly ward round, and also possessed that special blend of diplomacy which senior physios need when dealing with more junior registrars. Happily Fiona has joined the new unit so we now have our own "mini" physio department on Queen ward itself.

There are so many others whose work one would wish to mention in more detail. The small out-patients, run by Sister Vesey who in 1979 joined New Cross from Lewisham; the first class secretarial work, the administration and records departments all contributed so much.

The hospital will continue to function without surgery, using eight remaining wards under the direction of Dr. Grahame as Clinical Superintendent (New Cross). Final closure is currently planned on 1st May, 1987.

So New Cross surgery ended on March 6th; the final operation was a humble change of plaster done by Peter Wade.

The writer was happy to perform the final hip replacement (of how many?). Many thousands of operations were performed in this happy unit. Success followed the great majority, as they were done with that 1956 spirit of hard work and co-operation which lasted up to 1986 under those rather odd cupola-topped buildings in Avonley Road.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

"East" — by Steven Berkoff, Performed by the Interhospital Drama Group

Reviewed by our Theatre Correspondent

Some people walked out. Perhaps they couldn't see beyond the rude words. Whatever their reasons, they missed an entertaining and thought-provoking evening. The members of the Interhospital Drama Group deserve praise for their brave production.

About the play. It is written in a mixture of East End slang and Shakespearian allusion; "Get thee to a Nunnery . . . that means, Piss off!" This deliberate lack of superficial realism in the dialogue heightens rather than inhibits the communication between the characters, which is angry and basic – the brutal language of impersonal sex and indiscriminate violence. In his introduction to the play, Berkoff writes "It is a scream or a shout of pain . . . it is revolt . . . you said what you thought and did what you felt. If something bothered you, you let it out as strongly as you could, as if the outburst could curse and therefore purge what ever it was that caused it." The play is about the ritual of East End life and thus it is stylised. As for the language, it has been described as "filthy beyond the call of duty". Berkoff contends that it is "a loving appreciation of the male and female form". I think also that it is a play of rebellion. Sylv's speech of resolution:

We will not end our days
In grey born blight – and stomp
Our hours away in fag end waste.
And kiss the minutes till they budge
While we toil in some stinking factory."

The acting, under the direction of Steve Wells, was of the highest order. Helen Rayner, who played Sylv "of legendary knockers", deserves particular praise for her courageous acting. Tony Gardner, in the central role of Mike, was suitably angry, Steve Wells as Les and Chris Villiers and Mark Caulfield as the appalling parents were all convincing. An outstanding production. I hope to see more from this talented group.

Physiotherapy

Our third-year students take their Part II qualifying examinations in May and June, and will know their results by the end of July. Eight hundred or so new physiotherapists will then be eligible for state registration and NHS employment, and will hope to be taking up the posts that had been provisionally offered earlier in the year. A few are reluctant to tempt fate and opt not to apply for a job until they know the outcome of their exam, but the great majority – justifiably – have the confidence to get themselves organised work-wise in anticipation of success.

This Easter, many of our students will be making exploratory visits to hospitals in which they think they would like to work, and will be hoping to make a favourable impression on their hosts. The circumstances will vary from the student finding herself the only visitor, being given the red-carpet treatment and receiving a big come-on, to her being one of a milling crowd on an open-day for prospective applicants, organised into a strictly-timed schedule of information-giving sessions from the District's several superintendents and culminating in a rapid, guided tour. Already some have experienced the former ploy, and others are booked in for the latter in the next week or two.

The prospective employers are in a difficult position – they possibly do not yet know what staffing-level their budget is going to allow in 1986/87, they probably do not know which, if any, of their junior staff will be leaving five months hence, and they certainly do not know which of the visiting ducklings will turn out to be swans. If they are in a favoured situation – a large London teaching hospital which has no physiotherapy school, for example, they will be inundated with requests for a look round and a walkabout. If they are in a less attractive setting – geographical location, RAWP-savaged, known to have poor staff-relations or to be an old-fashioned backwater – they may be lucky to have anyone make even the most tentative enquiries.

Not that the students are much better off. They want to know who can offer them a good programme of continuing education, and a range of experience in the company of stimulating and standard-setting seniors. They want decent working conditions and a friendly environment where their contribution will be appreciated. But they may also want all these things in a specific location – near the flat, near home, near friends, for example – and may be forced to compromise. They may, indeed, be unable to ascertain how many of their wants can be achieved and, then, may find another twenty or thirty aspirants in competition with them.

We are not overproducing physiotherapists. There are posts available despite freezes and permanent reductions. But he or she who wants what seems to be the best has to be quick off the mark, ask the right questions, be seen to be the right person. And pass Part II.

Ronald Cooper

Dental Notes

Annual Clinical Day

The 1st Saturday in March is a special day for the dental school and its alumni. The weather this year was probably the worst for many years with considerable early morning snow discouraging the less than committed from attending. However, over 860 people were signed in, which was the second highest figure on record and says much for the affection held for the *alma mater*.

Anyone dentally connected with Guy's and keen enough, comes to Clinical Day. Another first Saturday in March was marked by crowds flocking to the Dental Hospital. We looked in vain among the myriad of excellent presentations for the Guy's *Gazette* stand – but all in vain.

One of us relied on the *Gazette* to maintain his Guy's connection in the decade from '65 to '75. Serving abroad during that period, the monthly arrival of the world's oldest hospital journal was a lifeline stretching for him to the far flung corners of Jamaica, Fiji, the Cayman Islands and Cardiff. Taking up the opportunity to exhibit or even simply establishing a subscription desk on Clinical Day could harvest a few more scattered subscribers.

Miss Sheehy's updating service for the Guy's blue book owes its success to her loyal attendance every year. The evidence suggests similar usefulness may ensue from a *Gazette* presence.

The day appeared to run smoothly thanks very largely to the ten teams of students from the Dental Society, ably marshalled by the secretary Mark Foster with a little help from the Sub-Dean! Clinical demonstrations and posters were put on by nearly all of the staff this year on floors 21, 22, 23, 25, 27. The most popular floor was as always 29 where the attractions of the Trade demonstrations, the view and the bar appeared irresistable to many. The impression that the day subserves a mainly social function was unfortunately emphasised by the poor visitor rate to the display of books in the library.

Nevertheless, overall this day was a great success and both the staff and student body should be congratulated for their efforts which have led to clinical day being such an important event in the dental diary.

March also saw another successful batch of Dental Hygienists and Dental Surgery Assistants proudly leaving us with their hard earned qualifications, to join the vast international army of health workers carrying the Guy's banner.

Renita Taylor, Senior DSA in the Department of Periodontology and Preventive Dentistry, has been appointed a Tutor in the School for DSAs. Diana Wincott, Principal, and Shelagh Bennett, Senior Tutor, have done well to integrate the Royal Dental Hospital School for DSA's so smoothly, considering the lack of a full staff complement for so long.

Dental Society Report

Since the last Dental Society Report, we have had three evening meetings, on the topics of dental health education, cranio-facial abnormalities and patient management. These will be written up in the next edition.

The students common room has now been re-decorated and is being kept much tidier. However, almost as soon as the coffee machine was repaired, it was vandalised over the weekend. Could this be because the security shutters are still not working?!

Mr. R. Haskell has been chosen and accepted the part of President-elect, and will take over as president from Mr. P. Longhurst at the end of this year. This post has been formed with the idea of getting some continuity with the Dental Society Committee from year to year.

As the new year started, we welcomed many of the staff from the Royal over to the Guy's Campus and I hope they are now settling in.

The tickets for this year's Dental Ball went on sale to the students at the beginning of March and Jane Pascoe tells me that most of them were sold within the first hour! Any alumni or students still wishing to come should contact Miss Pascoe as soon as possible as there are only a very few tickets remaining.

I would like to conclude this month's report by congratulating all those students who were successful in the L.D.S. exam held earlier this month.

Dr. S. J. Challacombe
and Mr. M. L. Maberley

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any peson living, or preferably, dead is accidental, and in many cases deplorable.

I am shattered at the news that the recently retired editor of this esteemed journal has been ensnared by a midwife. From recent displays at Inflams and Hops, one might have thought that there would be a little more life in him than that. I suppose this column should offer its grudging congratulations to the couple – let's hope that this marks the end of the almost epidemic numbers of those in the final year dashing into wedlock.

Shock! Horror! Keyhole! I am sorry to report that one of our new Assistant Editors was disturbed whilst on skiing holiday recently by a peeping Tom. It's reassuring to know that SMEC looks after all aspects of student supervision.

The most extraordinary intelligence about New Moral Force has been brought to my notice. It would seem that NMF deserves a real carpeting for his disgraceful social solecism at his own place. Apparently the bathroom, in fact the whole flat, was reminiscent of the Augean Stables after NMF's momentary lapse of concentration. Suggestions for the management of encopresis in fourth year medics are welcomed.

Latest reports about Sniffer's infatuation with the Portugese Man-of-War are vague. Apparently her auditory faculties have been restored and she wishes to experience more of Sniffer's tender charms. We only hope that he won't be held up for breach of promise. I don't suppose any of our readers would be kind to enough to forward the course of international true love by sending along a redundant set of Portugese Linguaphone records? I know they'll find a grateful home.

One wonders if Tony over-reacted to the head-lice scare on Esther, because that degree of crew-cut was a bit off-the-top. Many other males at Guy's will breathe a sigh of relief now that I can reveal that Bridget was not infected.

Competition time: Cedric urgently awaits suggestions for a suitably urgent clinical situation for the authorisation of an emergency blood collection by porters (i.e. in less than 48 hours). One houseman, with a patient severely shocked and producing enormous haematemeses, not unreasonably requested urgent cross-match for the patient, who was going very shortly to theatre. One of the tardive dyskinetic porters who answered the phone (a rare event in itself) said that authorisation had to come from the head of clinical chemistry (do not worry about this apparent illogicality: "ours not to reason why, ours to let the patient die . . ."). Having told him about his exsanguinating patient, the clin. chem. boss refused to authorise one of the pool of reclining porters to collect the specimen, as it was not urgent enough. Which, of course, leads to the question, "what is urgent enough?". Please send suggestions to Cedric Bore, c/o The *Gazette*.

It has been my privilege to browse through the recent dental year book (a photographic index of the addresses of the Oct '81 intake). Were any readers struck by the resemblance of Rough to the Kray twins? I wonder if by any chance they are related?

Finally, what about the balls-up at the AGM? When is quorate not quorate? Answer: When an unpopular motion is about to be discussed. Although the Great Gonzo's proposal had no chance whatever of being passed, would there have been any real harm in letting a shred of democracy prevail? Good luck for the EGM, boys!

CEDRIC BORE

P.S. Well look what has fallen into my lap in the last week. A candid photograph of the mysterious 'delusions of grandeur' ward in the York Clinic. Are these clowns, augusts or simply 'cracked'? Experts in Tom-foolery are invited to 'take the Michael' in a Caption Competition. Entries should be submitted to myself, Cedric c/o the *Gazette*. The prize for the sharpest caption could well be dinner for two at the Tall Teuton's Trattoria.

Book Reviews

"Collapse, What to do whilst waiting for the Ambulance" A Video tape by D. Edwards and A. Redmond. 1st Edn; 30 mins.; £19.95; VHS or Betamax. Published by Master Class Video casettes.

The inability of general hospital doctors to carry out the simple procedures for cardiopulmonary resuscitation have received a lot of publicity recently with articles in the British Medical Journal and the Proceedings of the Royal Society of Medicine stimulating headlines in the popular press. The general standard of care at the site of collapse is poor: it is good that the public's attention at last is being drawn to the possibility of early resuscitation of the apparent dead. All should know that the first 4 minutes are vital for the restoration of breathing and circulation. All first aid manuals should contain sections, near the front, on CPR. The use of video presentations in medical training has developed rapidly over the past 5 years and I am pleased to see a highly professional programme containing the straightforward procedures which any person should be capable of doing.

The video shows everyday situations which commonly occur. Many of these patients brought to our hospital are sadly beyond resuscitation: but with excellent CPR also may have been kept alive. The presentation of the video is excellent, the quietly confident and homely voice taking the viewer through the simple procedures in an easily understood fashion. I personally would have liked to see a diagrammatic representation early in the viedo. I also would prefer the well-recommended description of ABC airway breathing and circulation, to be used: I feel the laiety would understand as well as medical and paramedical people. The victims would have benefited from a little make-up by the Casualty Union to make the presentation look more realistic.

Review: Collapse, What to do whilst waiting for the Ambulance

These however were small points which do not interfere seriously with this excellent presentation and demonstration, of how to clear airways using a Heimlich manoeuvre, coma position, mouth to mouth breathing and external cardiac massage. This is good basic first aid soundly presented and should be shown regularly to all members of the public.

It should be seen by all qualified first aiders, police, fire and ambulance services, medical students and qualified members of the nursing and medical profession. Doctors concerned with training the life-saving aid societies would also find it of value when arranging their training programmes. We shall purchase a copy for Guy's.

Maj. Gen. N. KIRBY
Consultant
Dept. of Accident
and Emergency

"Accident and Emergency Nursing", by David Bradley. 2nd Ed. Pp. 340 Price: £7.95. Cover: Soft. Published by Bailliere Tindall.

The scope of this book has increased since the first Edition, to include more detailed sections on the Nursing Process, the Care of Children, the Care of the Elderly and the Aggressive Patient. The broad subject of Accident and Emergency Nursing has been covered in an informative manner.

Mr. Bradley's style is very readable, with the text well supported by clear diagrams and photographs. Each chapter ends with suggestions for further reading. The book more than covers the syllabus for ENB Courses in Accident and Emergency Nursing, and will be of interest to both trained nurses and those undergoing training. All aspects of trauma nursing within the Accident Department are thoroughly pursued, making the book of value to any nurse working in an area that may deal with such patients.

This book is very good value for money and I recommend it to all those involved in Accident and Emergency Nursing, as a permanent addition to their bookshelves. Also nurses with an interest in Trauma and Orthopaedics would benefit from reading this book.

H. WATERMAN
Nurse Tutor

"Neurology" by R. W. Ross-Russell and C. M. Wiles. 1st Edition. Pp. 294. Price: £10.95. Cover: Soft. Published by: Heinemann.

This is the neurology volume in the integrated clinical science series of textbooks published by Heinemann. Much lip service is paid nowadays to integration of the basic sciences and clinical medicine but disappointingly little has been achieved in most medical schools. This book purports to be "self sufficient as a textbook in its own subject", but is it possible to cover neuroanatomy, neurophysiology, neuropathology and clinical neurology with sufficient neurochemistry and pharmacology in one volume of less than 300 pages? The answer must be no and the result a compromise, though for most medical students, who have recently spent two years in basic science, the only additional text will be one of the standard encyclopaedic style textbooks of neurology.

What constitutes a balanced compromise must be a matter of individual preference. The problem that faces neurologists is what conditions to leave out, the temptation to try and be comprehensive is considerable and this results in the brief mention of many conditions, sometimes to the detriment of the more important ones, space being limited. Despite this, the two editors from our sister campus up river and their twelve contributors have achieved a very acceptable result. The book is well laid out, well written and easy to read. There are numerous line diagrams which are helpful and the reproduction of pathological specimens and X-rays is quite acceptable. There are also a very large number of tables which is a useful way of imparting a lot of information, though I have some reservations about them as it is difficult to emphasise the important conditions and features in a list and rather a large number of rarities are included.

This book is particularly good in the coverage of basic mechanisms and pathology and in showing how this is relevant to clinical neurology. The combination of this book and a traditional style textbook of neurology is all that is required by clinical medical students; at £10.95 it is exceptional value.

M. D. O'BRIEN
Physician for Nervous Diseases

Quiet Heroines: Nurses of the Second World War by Brenda McBryde; 1st Edn; Pp. 246; £9.95; Cover: Hard. The Hogarth Press

Brenda McBryde enlisted in the Queen Alexandra's Imperial Military Nursing Reserve in 1943. Her first book, recalling the work of British nurses in wartime, was in itself a remarkable story. Following publication many nurses then recounted to her their own experiences, sowing the seeds of this second tribute to those who nursed and died during the second world war.

Most of the events recalled took place over forty years ago. Many contain examples of startling brutality, particularly for those nurses and doctors who served in the Far East and were taken prisoners of war. The astonishing courage, humour and unremitting compassion of these people must have provided some measure of relief to the other inmates of the notorious camps. For the first time the meaning of "Tenko" came alive. As a consistent record of human nature at its best it may not be bettered, though it is not bedtime reading.

N. THISTLETON
Senior Nurse Tutor

"The Theatre Nurse and the Law" by Eileen Dixon. 1st Edn. Pp. 141. Price: £8.95. Cover: Soft. Published by Croom Helm Ltd

The nurse's liability for negligence must be an area that causes alarm and some confusion in the mind of many trained members of staff. This is only one of the topics considered in this recently published book. The book seems to have been written in response to an increasing demand by operating department nurses for greater clarification of the legal aspects of surgery.

Helpful discussion shold ensue following perusal of each of the twelve chapters, for there seems much that could be debated. The extended role of the nurse, objections to surgery, accidents to patients and staff and issues of the dying patient are examined, and the hazards of failure to adhere to nursing policy outlined. A selection of cases of litigation are given to indicate the possible outcome of negligence.

Though quite an expensive book it is one that I would recommend for student nurses undertaking theatre experience.

N. THISTLETON
Senior Nurse Tutor

"Clinical Nutrition and Dietietics for Nurses" by Goode, Howard and Woods. 1st Edition. Pp. 214. Price: £5.95. Cover: Soft. Published by Hodder and Stoughton.

This is a readable and comprehensive book, dealing mainly with the feeding of hospital in-patients, and giving a good sight into the field of Nutrition and Dietetics.

Each chapter discusses a particular dietary restriction, outlining certain drugs which may be prescribed, the modification necessary to the hospital menu, and the main points to be taken into consideration.

Not all problems are dealt with in sufficient detail, so further information would be required, although the section on Enteral and Parenteral feeding was particularly well covered. The authors do in fact refer the reader to the Nutrition and Dietetic department, Pharmacy and Catering departments.

The associated menus are a useful reference source, however, it must be pointed out that not all hospitals use the same system of food service.

This book is particularly suitable for nurses and it would also be useful for medical staff with inquiring minds requiring more information on the correct nutritional requirements of their patients. Dietitians will find it useful as a reference book.

Mrs. JOAN GRAY
Senior Renal Dietician
Dietetic Department

"Isler's Pocket Dictionary: A Guide to Disorders and Diagnostic Tests, Procedures, Terms" by Charlotte Isler, R.N. 2nd Edition. Pp 199. Price: £17.75. Cover: Soft. Published by Quest.

This is the second edition of a simple medical dictionary. It is clearly set out and has the useful addition of normal values under many headings. The wording is simple and clear although a little 'American'. It covers a wide range of diagnostic tests and procedures with the addition of some clinical conditions. It is basic but reasonably comprehensive in most areas and would be useful for medical secretaries and possibly, for paramedical staff. However, they will have to be very rich medical secretaries since this soft cover book with fewer than 200 small pages costs £17.75.

P. J. REES
Clinical Tutor

"Essentials of Dermatology" by J. L. Burton. 2nd Edn. Pp. 260. Price £7.95. Cover: Soft. Published by Churchill Livingstone.

This book is based on lectures given to medical students at the University of Bristol. The author is a well-know clinical dermatologist in the United Kingdom. The style is clear and concise, excellent line diagrams help clarify many points and the photographs, both colour and black and white are of good quality.

The author attempts to discuss mechanisms of disease where possible, and in revising the text for this second edition has obviously paid attention to the recent literature. The book provides a thorough introduction to dermatology. It contains a great deal of information presented in a logical manner and will repay careful reading.

I certainly recommend it as a text book for medical students with both examinations and real patients in mind.

M. L. PRICE
Senior Registrar
Department of Dermatology

"Surgical MCQ's" by J. S. P. Lumley. 2nd edition. Pp. 243. Price: £6.95. Cover: Soft. Published by Churchill Livingstone.

MCQ question papers have now become, for good or ill, a component of each part of the final MB BS examination in London, and it behoves the undergraduate to become familiar with their style and content. Although there are certain tricks for answering the questions, there is in the final analysis no substitute for an adequate body of knowledge on which to base the responses.

Craven and Lumley's book is designed to provide both insight into question style and also to act as an educational experience. The answers to the multiple choice questions are discussed there and then, and indeed the book is designed so that a blank sheet of paper can be placed over the discussion of the answers, while the student works out his own responses.

The opportunity has been taken in the second edition to modify as far as possible those questions which had proved of poor discriminating power, and also to add further new questions which have become appropriate due to the developments in surgery since 1976.

Every branch of the subject is covered and the questions are arranged according to systems, covering everything from fluid and electrolyte balance to neurosurgery.

I think as an educational exercise for undergraduates it would have been useful at the end of the book to have compiled two or three question papers, perhaps each of about 30 questions, made up from those already discussed in the remainder of the book. In this way the student could have tested his abilities to score in multiple choice question papers covering the full range of potential surgical topics.

For the most part the questions have been well designed and are as unambiguous as is possible, given the nature of MCQ's. I would recommend that every undergraduate facing the University of London final MB BS examination have a copy of this book and work at it. Not only will it provide them the expertise necessary to answer multiple choice questions, but also will provide an educational experience which will stand them in good stead in subsequent practice.

MARTIN JOURDAN
Senior Lecturer,
Dept. of Surgery.

"Ladies Without Lamps" by Eve Williams. 1st Edition. Pp 178. Price: £7.50. Cover: Hard. Published by Thomas Harmsworth Publishing.

During her early school years Eve Williams earned the inglorious reputation of being "wilfully dense and obstinate as a mule". She joined the Red Cross as a VAD, transferring in 1939 to an ambulance unit. A year later she was called up into the Royal Navy and served as a VAD throughout the second world war.

This spirited, articulate young lady recorded the grim day-to-day events in a diary. The recalled details now form an interesting, light-hearted story of those hectic days of nursing under the disciplinarian eye of the Naval Matrons. Time was spent in Australia and Hong Kong together with illicit visits to the Chinese mainland.

I imagine it gives a general picture of the life and experiences of VADs working in Naval hospitals at that time. Fair moods as well as foul are recorded so it does not attempt to glorify. A good autumn read for someone interested in the history of nursing.

N. THISTLETON
Senior Nurse Tutor

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages · line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

for orders £ 5.00 to £14.99 please add	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60

Correspondence

Premature Amnesia

Dear Sir,

Re Dr. H. Winsley-Stolz's Introduction to the Sarah Stolz Lecture, I would draw your attention to some historical inaccuracy in the first paragraph.

He states that "I arrived at Guy's Hospital Medical School in January 1944. . . . Montgomery was still fighting in North Africa and no one knew when the Western Allies would once more set foot on the continent of Europe." In fact the Victory Parade in Tunis after the end of hostilities in Africa, took place on the 30th May, 1943. The landings at Salerno on European Mainland were made on the 9th September, 1943, and by the 22nd January, 1944, the landings had been made at Anzio. Perhaps Dr. Winsley-Stolz arrived at Guy's a year earlier than he remembers.

Yours sincerely,
HUJOHN RIPMAN
Red House
Sproughton, Ipswich

Clinical Day Generosity

Dear Sir,

At the Dental Clinical Meeting this year there was a reunion of those who had qualified thirty years ago. Many had come long distances for the occasion. To mark this anniversary and to show their affection for their *alma mater* they presented me at the Dental Dinner with cheques amounting to £535 for use in the Dental School. Whilst I shall write to the individual contributors I should like to place on record the thanks of the Dental School for this most generous gesture.

Yours etc.
A. H. R. ROWE
Dean of Dental Studies

Considered Provocation

Dear Sir,

Anticipating a response to my article I chose my words carefully in saying that my clinic does not have traditional nursing cover. The Pain Relief Clinic consists of two Consultants, one Senior Registrar, a Medical Assistant and a Clinical Nurse Specialist working independently alongside each other. During the Clinical Nurse Specialist's absences there are no nursing staff whatsoever present in the Clinic. My musings were deliberately provocative although the style was intended to amuse. I am grateful to my friends who responded in a similar vein.

The problem we face is one of limited and inadequate resources, the most important of which are the human resources. Reallocation of our personnel may allow us to treat more patients. Whilst this is a laudable objective, if in doing so we make the working conditions intolerable and reduce standards of care to the patients to a level that becomes unacceptable, then it would be better to treat a smaller number. It is a difficult task facing Managers in the Health Service in deciding when this point is reached. It is our responsibility to keep them informed of the effect of their decisions, to widen the public debate wherever possible and to press for an increase in the total resource allocation.

Yours sincerely,
J. R. WEDLEY, FFARCS
Consultant Anaesthetist/Pain Relief

Neuroanatomy

Dear Sir,

If you can imagine being handed a piece of scrumpled up newspaper, and asked to find some unpronounceable word printed somewhere in the text, then you will have some idea of what the fifth term neuroanatomy course entails.

Once a week there is a brain dissection session in which you are supposed to dissect out the structures talked about in previous lectures. This usually degenerate into a blunt (very blunt) dissection session, the general idea being "if you can't find the sulcus you're looking for, then create it with the handle of your scalpel".

The lecture course itself consists of copying down lists of weird and wonderful Latin names which, when translated, tend to describe the shape and not the function of the area concerned. This is advantageous

bosp

OFFICE EQUIPMENT
FURNITURE
BEELINE HOUSE
FARWIG LANE, BROMLEY

MACHINES SHOWROOMS
& SHOP
39 EAST STREET
BROMLEY

01–460 9811

TELEPHONE ANSWERING MACHINES

SPECIAL OFFER

TO READERS OF "GUY'S"

ANSWERCALL EXECUTIVE

ONLY £118.95 + VAT

CARRIAGE FREE

Features –

★ Answers your phone while you are out
★ Twin tape (answer & record)
★ *Will record live telephone conversations*
★ Telecom approved – fits standard socket
★ 1 year guarantee
★ Uses standard compact cassettes
★ Can give a message to call a different number
★ Model with facility to recall your messages from external phones available at extra cost

bosp

for vivas because, should you be handed a brain slice, there's bound to be something knee shaped – so call it a genu – or hook shaped – so say uncus and look pleadingly at the examiner – you're sure to be right. Needless to say, however, genus don't look knee shaped and the lentiform nucleus bears no resemblance to a Brazil nut! *(Sic).*

Whatever is left is rather euphemistically described by the text books as "small areas of grey matter that appear to have no functional significance". But you've guessed it – the Romans have got in there and named it anyway. What's Latin for "small area of insignificant grey matter?" *(Cortex? – Ed).*

Unfortunately, since the decline of neurosyphilis around Guy's, many of the classical signs seen due to neuroanatomical lesions only resurface at exam times. Even so, neuroanatomy, although similar to looking for a ball-bearing in a bowl of tapioca, is still a very relevant part of the pre-clinical course. After all, we've all got brains. Haven't we?

S. HERGAR
Boland House

Sport

LADIES' HOCKEY 1st XI

This has been a very successful season mainly because at last we acquired Freshers who could actually play hockey. Gone are the days when we could only field 9 or 10 players. We have also been helped by the fact that Sue Hamilton and Kim Chesterfield decided not to play for ULU this year, and also Fiona Clarke turned her back on a promising international career to help her hospital.

At the moment we are on course to win the League with only one loss and only three goals scored against us all season. Special thanks to Ann Astbury for her aerobatics in goal on the few occasions that she has been forced into action. We started the season by reaching the semi-final of the 7-a-side Tournament – Barts putting us out of that. We were runners-up in the Hospitals' Cup – again it was Barts who thwarted us mainly due to the pressure of a Welsh International who was similar in stature to Rambo.

Our ultimate triumph, though, this year was winning the University Cup. We steamrollered through London Hospital in the quarter-final, avenging the 5–0 defeat they handed out to us last year in the Cup. The most difficult match was the semi-final against Barts. We won 1–0 thanks to Fiona Clarke scoring from a penalty flick after a Barts defender had picked the ball up on the goal line and thrown it off the pitch. After that the defence stood firm against a seemingly endless barrage from Barts which was made longer when their umpire obviously had trouble reading his watch and added on five minutes extra time.

The final against UCL 1st XI seemed an easier match – the Guy's team were not impressed by the UCL prematch warm up. Cressida Barry scored from a corner in the first half and Carlie Holden managed to shoot on target and seal the game five minutes from time. Between these two goals the Guy's defence remained undaunted by the UCL attack. UCL were suitably upset by the defeat especially as they had champagne with them for the post-match celebration. They had also left the Cup behind – obviously considering that to retain it was going to be a formality.

Finally our apologies to Barts for any financial loss incurred by ordering coaches for the final before playing the semi-final.

The ever-popular(?) Captain

Results

League	v. RHBNC	L 3–2
	v. LSE	W 2–0
	v. UCL1	W 1–0
	v. QMC1	W 4–1 (friendly)
		W 3–0
	v. LH1	W 3–0
	v. UCL2	W 18–0
	v. St. G.	W 6–0
Cup	v. Middx	W 22–1
	v. CX-W	D 4–4
		W 2–0 (replay)
	v. LH1	W 6–0
	v. Barts	W 1–0
	v. UCL1	W 2–0

Ladies Hockey First XI – winners of the University of London Cup

Standing (left to right):– Sarah Lambert, Diana Bradley, Vanessa Skelton, Claire Peace, Zena Brenchley.
Kneeling (left to right):– Carlie Holden, Kim Chesterfield, Ann Astbury, Sue Hamilton, Nicola Montgomery.
With Cup:– Cressida Barry (captain).

RUGBY CLUB

Streatham & Croydon	H	L	20–4
Cambridge University	A	L	36–0
Coventry	H	L	60–4
UCH/Middlesex (Cup)	A	W	12–3
Southampton Medics	A	W	17–13

Streatham & Croydon

An excellent performance against a team that narrowly lost to London Welsh earlier in the season. 12–0 at half time, and with P. Dooley sustaining an ankle injury the Guy's team rallied well with Mackenzie scoring in the corner to end the match with a well deserved scoreline.

Cambridge University

Although forced to play most of the match with 14 men Guys were certainly not embarrassed and indeed were very unlucky not to score several times themselves. P. Haley limped off after 2 minutes and M. Coleman was helped off early in the 2nd half, "luckily"? Jamie Leigh had by this time turned up and was only too pleased to boost numbers. A good evening was had by all and the citizens of Cambridge donated a barrel of cider and a pushbike to us as a sign of goodwill.

Coventry

A lesson in how to ski backwards or, "what happens when an irresistable force meets a movable object on a friction-free surface." Coventry were dominant in every aspect of the game and yet again Guy's tackling cost numerous points. The consolatory try was scored by Poole after Docker had charged down a kick. Their dominance ended once the game did and in a game of "names of . . ." Coventry's Refrigerator Perry lookalike 'Clever' Trevor confidently announced when asked to name a Spanish city . . . "Portugal". Well he was close.

Hospitals Cup 2nd round vs. UCH/Middx. Won 12–3

An excellent performance crowned with 3 superb tries enabled Guy's to move into the Semi-finals against St. Mary's for the second successive year. The pack held soundly with G. Parry at the helm and with their superlative fitness pushed the larger UCH pack backwards with comparative ease. After numerous silly penalities had been given away (but not kicked), N. Davies received the ball on the halfway line and jinked and dodged deceptively to score a memorable try. By half-time the score had been narrowed to 4–3 but the dominant back row of Scanlan, Meharg and Bowskill eventually proved the beating of the opposition. A good try off the back of the scrum by captain Docker and a well engineered try by left wing Thomas sealed the match. M. Dinwoodie had a superb game at full back.

Team: Parry, Dixon, Seare, P. Davis, Beardmore, Scanlan, Meharg, Bowskill, Docker (captain), N. Davies, Thomas, Poole, Jones, Mackenzie, Dinwoodie. Res. Vickery, Barwell.

The first XV pack vs UCH and Middlesex.

Hospital Cup Semi-Final 1st XV Guys 0 St. Mary's 34

On a beautiful day at Richmond Athletic Ground Guy's were outplayed by the experienced St. Mary's team. The post mortem of the game showed that although Guy's were missing some key players the St. Mary's pack were completely dominant in the set play. Honours were even in the loose, but the new laws hindered Guy's giving the stronger scrummage a more favourable advantage, thus, the backs were almost devoid of ball during the game. The Guy's back division were at least a match for the opposition and as usual Richard "I always impress Victor Swain of the *Telegraph*" Docker played a brilliant and exemplary game. On a brighter note the two freshmen Jamie "Dipper" Barwell and Neil "Lady Di" Davies both played well and should prove to be valuable players in the future. I know that the 1st XV would like to thank the large number of supporters that came to the two cup matches especially the "Pheasant Gang" who provided a moment of light relief during one second half lineout.

As a final note to some possibly well connected gentlemen within the medical and dental hierarchy. Both the sport and the social aspect of Guy's as far as the undergraduate is concerned has been decaying over the last few years. This view I know is reflected by returning graduates, can you help the beleaguered?, remember the tradition of the Hospital's Cup Rugby in your day.

Team: G. Parry, R. Dixon, M. Seare, C. Welsby, P. Davis, P. Scanlan, J. Barwell, G. Meharg, R. Docker (Capt.), N. Davies, D. Vickery, R. Thomas, N. Poole, P. Mackenzie, M. Dinwoodie.

Scanners

HOCKEY CLUB

U.H. Cup Quarter-final vs. Charing Cross and Westminster Lost 2–1 (after extra-time)

With the possible exception of Alan Baird who was on exam duty, the strongest possible Guy's side was assembled for this crucial match against the favourites. Skip had had vital business the week before the game, so team selection had been ably handled by Tom. Last minute scavenging saw Nav in goal – who not having scored at footy for some time had chosen to try his luck at hockey instead.

Both sides had found it difficult getting umpires, so two of the ladies 1st XI were drafted in – many thanks to Vanessa and Cress – and both did a good job until Cress was later replaced by the CX-W umpire who had lost his way.

The game turned out to be very physical and bad-tempered – skip again leading by example. This should not overshadow the keenness of the contest though, neither side giving the other any time on the ball. Thus it became a midfield struggle with both defences looking solid. Mark Cynk was given good service initially, but little support when he got the ball. Hence few Guy's scoring chances were made in the first half. Nav made some outstanding saves in goal but was unlucky to concede the first goal ten minutes from half time.

Harsh words about effort from Tom, words of encouragement from our staunch president John Spencer and the realisation that we could actually win from Skip had the desired effect as there was a great sense of urgency about the play in the second half. Both wings, James Whitehead and Stuart Millar, had penetrating runs and the CX-W goal was under siege until at last James put in the equaliser. Guy's however, failed to capitalise further on the pressure perhaps due to the lack-lustre short corner routine. At the end of normal full-time the score stood at 1–1.

So into extra-time. Lack of fitness was evident as several players went down with cramp – but there was certainly no lack of effort (or support on the touchline, thanks to the Ladies/Men's Hockey Mutual Appreciation Society). A well made goal broke the deadlock after about ten minutes when the right winger made a good run to give the CX-W centre forward an easy opportunity. The rest of that half and the further fifteen minutes saw Guy's having most of the possession with the backs hardly involved in the game. Two short corner chances were again wasted and despite plenty of effort Guy's were unable to force the equaliser.

At the final whistle the usual sporting niceties were observed by most of the CX-W team, some of whom even stayed for a drink afterwards. Skip still upset about the game had a further upset on the pool table but at least it helped to wash away the misery.

Team: Masani, Calver, Sethi, Gill, Brink, Cranston, Whitehead, Whelan, Cynk, Gregg, Millar.

If it's any consolation we are always the better looking side, we have better looking umpires and better looking supporters even though that's our opinion.

We look forward now to packing our bags and going to Folkestone for the Festival, for some good hockey and all that is associated with it.

Dummy Aerial Flick

Cricket Club

By the time this appears in the *Gazette* the cricket season will be about to start. This year's captain is Chris Pocock and the vice-captain is Simon Crowther. If you are keen to play please contact either of these. We have a fairly strong squad of players this season and have a good draw in both UH and UL cups. We play two or three times a week with most (90%) games being at home. If you are not up to 1st XI standard or would prefer to play purely social cricket then contact the 2nd XI captain (John Hyder). Most of all, if you have any talent then don't hesitate to contact any of the above.

CFEP

MOUNTAINEERING CLUB

Extracts from a typical weekend in Winter

Ty'n-y-Llidiart, a converted chapel 999ft up on bleak moors, was designed to accommodate 15 people. On a preliminary familiarisation trip in January we squeezed in 20 or so. Therefore with true GHMC logic and style we took 38 mountaineers, 88 pints of 'best' and 24 litres of wine on the annual Dinner Meet – a reflection of the increasing popularity and notoriety of the club in recent times.

An advance party of 15 skivers arrived on Thursday night to secure the best bunks. The rest arrived late Friday night and early Saturday morning to find comfort in sleeping on the floor.

On Friday the team split into two groups as per usual. The ice-climbers led by Lynton and the walkers by Tom. Sub-zero temperatures and gale force winds plus Sarah's downpour of tears forced the mixed group (both in experience and equipment) to abandon their expedition which was going to be a long high level tour of the peaks on the Y-Garn side of the Nant Francon Valley. Instead they found it equally stimulating to hang around Bethesda for 6 hours. Not very far away in the relative seclusion of Llyn Idwal, the ice (200-500ft frozen formations) was in a state of over condition. Very steep and hard and brittle too. Even the lake was frozen in this the coldest February for years.

To start with, the team, Simon C., Justin C., "Gear-freak" and Lynton (leading), attempted the Curtain (Grade III). 'Over-conditioning' – overhanging ice – forced a group in front to abandon the climb. Faced with this Lynton led the first pitch to the crux move. He completed the crux but during a hand-jamming procedure on the steep wall his right hand became frozen into the ice. He was hanging on only by his left ice-axe placement (which barely penetrated the ice). He succeeded in freeing his right hand but alas, by now, his left placement was tearing out of the ice, feet swinging in the air due to the overhanging situation. A moment later he was flying through the air silently doing an elegant backward somersault. This was accompanied by the sound of various Anglo-Saxon colloquialisms emanating from SPL and Simon C., who were belaying some 60ft below. Seconds later, with an almighty crash, the acrobatics (now attracting a lot of local attention) came to an end when the safety rope tightened on a well-placed piece of protection. The acrobat was now hanging upside-down, arms and legs splayed, holding his axes with his back to the vertical wall, having taken a 30ft leader fall. The belayers were now recovering from the shower of ice-debris while the acrobat still hung motionless, temporarily stunned. Then like a tortoise on its back he struggled to upright himself, clinging to the ice with all four limbs for fear of displacing the protection. Lynton had the unenviable task of climbing back up to recover the equipment and then reverse slowly to the safety of the belay stance. Not to be thwarted the team ended by solo climbing the 600ft introductory gulley (Grade I/II) at Idwal slabs. At sunset the four were walking on water as the frozen llyn provided the most direct way home.

On Saturday morning it was "up at 7.00, leave at 8.00". Of the thirty-eight residents the four hard men and Tom – playing out some of his many roles, this time as chauffeur and holiday rep – went to Nant Peris. By 9.00 a.m. the four were on the ice, ascending a frozen water fall (Grade II) heading towards Crib y Drsygal. This is a well recognised route of 800ft or so and Simon C. confidently led alongside Lynton.

On his return to Pentrefoelas Tom arrived to find a full crew of walkers ready to leave at the unheard of hour of 9.30. Clearly there are some benefits from Martial Law in club organisation. Two buses left for Capel Curig, the objective being to climb Carnedd Moel Siabod. The two monosyllabic grandads Dom and Tom took a group each. The latter probably never had the intention of reaching the top having been there on two previous dinner meets but Dominic strode forth with his posse and reaped the benefits of a wistfully beautiful day. Miraculously it was so still compared with the squally Friday. A haze of crystal cloud was intermittently wafted away to reveal the frozen flanks of Siabod coursing upwards to the summit plateau. The serenity was deafeningly silent, jinxed only by the happy gurgle of those recently qualified nurses as they gambolled in the powder by the lake. After lunch the idle bunch struck out to add the vertical component to their excursion. This physical metaphor is wholly topical since the spikey-top from Respiratory Function was giving a practical demonstration of Heisenberg's Uncertainty Principle – once you have pinpointed the position the momentum is incalculable. This proved to be an accurate enactment since our momentum would have been very difficult to quantify once our location had been spotted. It was effortlessly proved when we met the other group who mysteriously hadn't seen us at the summit. What an elegant subject Physics is!

On Sunday the early-risers, led by Lynton, had dwindled in number. It's not really possible to purchase equipment to make climbing with a hangover any easier so SPL was out of contention. Mark Mortiboys and Roger Walters were keen to give ice-climbing a go. The necessary gear was made available ("where from?" you ask), where else but from SPL's coffers! The only item of hardware (I use this term advisedly) which was improvised was Mark's "knacker-cracker" sit-harness. After a brief lecture from the experts the two novices were totally confused. Nevertheless they made easy work of the introductory gulley at Idwal slabs. Mark had to use his helmeted head as a battering-ram at times, to deflect the blocks of ice (engine-blocks) that were humming down.

Mr. and Mrs. Figgis had joined the bruised-hip brigade after trying their luck on skis whilst the indefagitable Debbie succeeded (where another failed) in actually leaving the creature comforts (or were they spinning . . .) of the hut at Pentrefoelas. In this way the 1986 Dinner Meet came to a conclusion.

Axeman and Friend

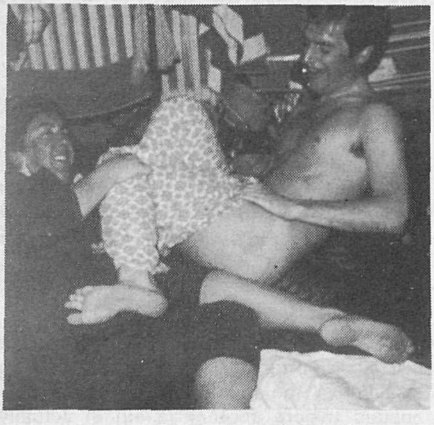
Skiing Trip – Tignes

February 14th 1.30 p.m. 11 Medics and 3 nurses from Guy's eagerly awaited the departure of the coach at Gloucester Road. An hour later 13 of the Guy's Group had departed – insufficient space on the coach meant that one unfortunate person had to follow in a later coach. Well, the 13 of us were happy enough!

36 hours and 2 birthdays later a weary but still surprisingly cheerful 13 skiiers arrived at Tignes les Brevieres, our home for the next 7 days. After a late night supper, with customary food fight we retired – well, after a quick bottle of Fischers in the Bar.

The following morning, and for the next 7 days we skied – well most skied, one or two *attempted* to ski. The conditions as usual varied from brilliant sunshine and light powder to ice, low cloud and poor visibility. But overall pretty good.

The resort itself was, as expected, excellent. A tremendous variety of runs to tax beginners and experts alike with for the most part very few lift queues. Our hosts, King's Ski Club, provided a good variety of entertainment, ranging from aerial skiing displays, expensive discotheques (£10 for a Gin & Tonic – honest!) and a fondue evening. Their greatest asset however was their bar. A most charming place serving a lethal concoction – Fischers.



Men only Ski-club hanky-panky

Amongst the notable events of the week were Martin's 21st birthday and his boot of beer, the video slalom with Keith's "Babes" performing to "Fat Bottomed Girls"; and the atmosphere that was generally conducive to Romance (see photo).

Altogether a thoroughly enjoyable week – made doubly enjoyable for myself and Sorab when there was not enough place on the coach to take us home. A free extra weeks skiing went down exceedingly well – but alas we eventually returned.

FM

Ladies Water-Polo – UH Cup, 16th March

Got off to a good start, 8 of us assembled a whole 5 minutes before the allotted time. OK, so we didn't know who we were going to play or the format of the competition, but at least we'd organised enough of us to swap in and out – in anticipation of total exhaustion.

Got to Charing X and the problems started. Where was the pool? Katie's vague memories of its location proved to be just that; or did she purposely take us round 3½ sides of the hospital perimeter?

On arrival we decided to out-psyche the opposition with a squad warm-up. Well, 7 of us did a brisk 3 lengths in the pool, whilst Judy leisurely strolled alongside of it. We played first against Royal Free, and won a good match 3–1. Judy maintained her active pose – by remaining on the poolside throughout – the rest of the mob all playing for at least some of the match. She made her debut in a valuable few minutes in our 2nd game – against Charing X.

Not quite so successful this time – they were just a bit too butch. Gill retired hurt – to say nothing of exhausted at the end of the 1st half, with a cut lip in addition to the lumps and bumps acquired by all. Worse was to follow, and Katie battled on magnificently despite a Karate chop to the larynx. Liz's new look (elasticated and micro-pored specs) didn't really work. The opposition wasn't scared off, and being able to see the ball wasn't that much of an advantage. But for her we would have gone down somewhat more than 5–1, despite reasonable performances all round.

Nevertheless, we got through to the 3rd place play off, versus Barts/Tommies. Poor Gill – being just as short-sighted as Liz – got pretty confused. How could Phil be playing up front at the same time as jumping up and down on the pool-side? Turned out to be Kim, having a well earned rest but wearing Phil's tee-shirt. Phil and Julia (broken toe and all) made a good team up front, backed up by Gill and Mary – who was doing her usual good job in defence. Liz, as usual, was in goal, though these glasses don't seem too effective. We hear she was spotted cheering and doing a handstand in the shallow end – when Phil's shot had missed the goal! Even so, Guy's were victorious, with the 3–1 score-line giving us 3rd place (The London 2nd, Charing X 1st).

The real tactical decisions took place on the way home. Was it to be baked potatoes or chips? It wouldn't be nice to tell who managed to eat in both places, but then she had used up an awful lot of energy with all those handstands!

So, a good evening out with some good performances from all the team of Liz, Katie, Mary, Judy, Gill, Julia, Kim and Phil.

G.M.S.

Hospital Information

PAPERS BY GUY'S PEOPLE

Allan, L. D. Fetal echocardiography: confidence limits and accuracy. (Editorial). **Pediatric Cardiology**, 1985, **6**, 145–146.

Armstrong, D. The problem of the whole-person in holistic medicine. **Holistic Medicine**, 1986, **1**, 27–36.

Baird, G. and another. Developmental tests and scales. **Archives of Diseases in Childhood**, 1986, **61**, 213–215.

Baker, E. J., Hayler, A. M., Curry, P. V. L., Tynan, M. and Holt, D. W. Measurement of plasma diisopyramide as a guide to paediatric use. **International Journal of Cardiology**, 1986, **10**, 65–69.

Belcher, N. and Rees, P. J. Effects of pholcodeine and salbutamol on citric acid induced cough in normal subjects. **Thorax**, 1986, **14**, 74–75.

Bending, J. J., Viberti, G. C., Keen, H. and another. Intermittent clinical proteinuria and renal function in diabetes: evolution and the effect of glycaemic control. **British Medical Journal**, 1986, **292**, 83–86.

Black, C. M., Turner, S. M., Spencer, J. D. and another. Antibodies to collagen types I–VI in Dupuytren's contracture. **Journal of Hand Surgery**, 1986, **11B**, 58–60.

Bouras, N., Watson, J. P. and others. Model for the integration of community psychiatry and primary care. **Journal of the Royal College of General Practitioners**, 1986, **36**, 62–66.

Brown, Z. and others. Prostacyclin deficiency in a young woman with recurrent thrombosis. **British Medical Journal**, 1986, **292**, 435–436.

Challacombe, S. J., Biggerstaff, M., Greenhall, C. and Kemeny, D. M. ELISA detection of human IgG subclass antibodies to streptococcus mutans. **Journal of Immunological Methods**, 1986, **87**, 95–102.

Close, C. F., Scott, G., Keen, H. and Viberti, G. C. Bedside estimation of microalbuminuria. (Correspondence.) **Lancet**, 1986, **1**, 268–269.

Craig, D. G. General practitioner control of postgraduate education. One approach by a London group. **Practitioner**, 1986, **230**, 179–181.

Dodson, H. C., Walliker, J. R., Frampton, S. Douek, E. E., Bannister, L. H. and another. Structural alteration of hair cells in the contralateral ear resulting from extracochlear electrical stimulation. **Nature**, 1986, **320**, 65–67.

Drake, D. P. Rectal examination and acute appendicitis. (Correspondence.) **Archives of Disease in Childhood**, 1986, **61**, 95–96.

Emery, P. and Gibson, T. A double-blind study of the simple analgesic nefopam in rheumatoid arthritis. **British Journal of Rheumatology**, 1986, **25**(1), 72–76.

Emery, P., Smith, G. N. and Panayi, G. S. Lymphocyapheresis – a feasible treatment for rheumatoid arthritis. **British Journal of Reheumatology**, 1986, **25**(1), 40–43.

Emery, P., Panayi, G. S., Welshi, K. I. and another. Relationship of HLA-DRA to defective cellular immunity in rheumatoid arthritis using PPD, and mycoplasma and lectin mitogens. **Journal of Rheumatology**, 1985, **12**(5), 859–864.

Fentiman, I. S., Caleffi, M. Brame, K. Chaudary, M. A. and Hayward, J. L. Double-blind controlled trial of tamoxifen therapy for mastalgia. **Lancet**, 1986, **8476**, 287–288.

Filipe, M. I., Dawson, P. A. and others. Incomplete sulphomucin-secreting intestinal metaplasia for gastric cancer. Preliminary data from a prospective study from three centres. **Gut**, 1985, **26**, 1319–1326.

Frampton, G., Perl, S., Bennett, A. and Cameron, J. S. Platelet-associated DNA and anti-DNA antibody in systematic lupus erythematosus with nephritis. **Clinical and Experimental Immunology**, 1986, **63**, 621–628.

Fry, A. Cause and meaning. (Editorial). **Holistic Medicine**, 1986, **1**, 3–4.

Fry, A. Coming of age. (Editorial.) **Holistic Medicine**, 1986, **1**, 1.

Grahame, R., Gibson, T., Dale, E., Anderson, A. D., Brown, R., Higgins, P. and Curwen, M. An evaluated programme of rheumatology training for general practitioners. **British Journal of Rheumatology**, 1986, **25**(1), 7–12.

Hoffman, M. P. The role of the radiographer in the

The
Professionals
in
Protection

Founded 1892

The Medical Protection Society

50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: 0532 442115

selection and commissioning of new facilities. **Radiology Now,** 1986, **9,** 11–13.

Holt, P. M., Wainwright, R. J. and Curry, P. V. L. Right ventricular outflow tract tachycardias in patients without apparent structural heart disease. **International Journal of Cardiology,** 1986, **10,** 99–110.

Horn, C. R. and Cochrane, G. M. Colour coding for bronchodilator inhalers. (Correspondence.) **Lancet,** 1986, **1,** 165.

Inada, T. and Mims, C. A. Infection of mice with lactic dehydrogenase virus prevents development of experimental allergic encephalomyelitis. **Journal of Neuroimmunology,** 1986, **11,** 53–56.

Jaffe, E. C., Roberts, G. J., Chantler, C. and another. Dental findings in chronic renal failure. **British Dental Journal,** 1986, **160,** 18–20.

Keen, H. What's in a name? IDDM/NIDDM, type 1/type 2. **Diabetic Medicine,** 1986, **3,** 11–12.

Kemeny, D. M. and others. IgE-dependent stimulation of human alveolar macrophages. **British Journal of Pharmacology** (Proceedings Supplement), 1986, **87,** 13.

Kemeny, D. M., Samuel, D., Richard, D. and others. The use of monoclonal and polyspecific antibodies in the IgE sandwich ELISA. **Journal of Immunological Methods,** 1986, **87,** 45–50.

Lehner, T., Jones, T. and Avery, J. Comparative study of antigen binding T cells separated by Vicia villosa or streptococcal antigen and the effect of HLA class II antigens. **Clinical and Experimental Immunology,** 1986, **63**(2), 312–320.

Lessof, M. H. Allergy and its mechanisms. **British Medical Journal,** 1986, **292,** 385–387.

Lorber, A., Ettedgui, J. A., Baker, E. J., Jones, O. D. H., Reidy, J. and Tynan, M. Balloon aortoplasty for recoartation following the subclavian flap operation. **International Journal of Cardiology,** 1986, **10,** 57–63.

Loveday, B. J. and others. Three times daily or 8-hourly. **Journal of the Royal Society of Medicine,** 1986, **79,** 15–16.

Luke, D. A. and another. Is food particle size a criterion for the initiation of swallowing? **Journal of Oral Rehabilitation,** 1986, **13,** 127–136.

Marsden, J. T., Hla, K. K., Henry, J. A., Holt, D. W. and another. The effect of vehicle on the oral absorption of cylosporin. **British Journal of Clinical Pharmacology,** 1986, **21,** 331–333.

McCance, D. J., Ashdown, K. and others. Human papillomavirus types 16 and 18 in carcinomas of the penis from Brazil. **International Journal of Cancer,** 1986, **37,** 55–59.

McColl, I. and others 1986. Review of Artificial Limb and Appliance Centre Services, Volume 1, **Report of an Independent Working Party under the Chairmanship of Professor Ian McColl,** published by the DHSS.

McColl, I. and others. Review of Artificial Limb and Appliance Centre Services. Volume II, **Annexes to the Report of an Independent Working Party under the Chairmanship of Professor Ian McColl.**

McColl, Ian. 1986. Small bowel obstruction in surgical decision making by Norton and Eiseman. 2nd Edition. WB Saunders Company

Morris, R. and another. Factors associated with achieving continuity of care in general practice. **Journal of the Royal College of General Practitioners,** 1986, **36,** 102–104.

Mundy, A. R. Artificial urinary sphincters. **Archives of Disease in Childhoold,** 1986, **61,** 1–3.

Murphy, E. General management of depression in late life. **Journal of Affective Disorders,** 1985, Supplement 1, S7–S10.

O'Brien, M. D. and others. Dystonia of the legs induced by walking or passive movement off the big toe in a patient with cerebellar ectopia and syringomyelia. **Neurology,** 1986, **36,** 40–44.

Padayachee, T. S., Gosling, R. G. and others. Monitoring middle cerebral artery blood velocity during carotid endarterectomy. **British Journal of Surgery,** 1986, **73,** 98–100.

Peach, H., Shah, D. and Morris, R. W. Validity of smokers' information about present and past cigarette brands – implications for studies of the effects of falling tar yields of cigarettes on health. **Thorax,** 1986, **41,** 203–207.

Pickup, J. Human insulin. (Editorial.) **British Medical Journal,** 1986, **292,** 155–157.

Poswillo, D. E. Microtia: a microform of hemifacial microsomia. (Discussion.) **Plastic and Reconstructive Surgery,** 1985, **76,** 864–865.

Ridley, M. G., Panayi, G. S., Nicholas, N. S. and another. Mechanism of macrophage activation in rheumatoid arthritis: the role of gamma-interferon. **Clinical and Experimental Immunology,** 1986, **63,** 587–593.

Rosenthal, E. and Timmis, A. Inotropic drugs in the management of heart failure and cardiographic shock. **Care of the Critically Ill,** 1986, **2**(1), 12–16.

Sadler, M., Berry, M., Halliwell, P. and others. Destruction of meningeal cells over the newborn hamster cerebellum with 6-hydroxydopamine prevents foliation and lamination in the rostral cerebellum. **Neuroscience,** 1986, **17,** 409–426.

Trull, A. K. and others. Salmonella reactive arthritis: serum and secretory antibodies in eight patients identified after a large outbreak. **British Journal of Rheumatism,** 1986, **25**(1), 13–19.

Vale, J. A., Wood, S. and others. Factitious Cushing's syndrome. **Acta Endocrinologica,** 1986, **111,** 165–167.

Van Someren, V. and Rees, L. Problems facing women who seek a career in paediatrics. (Correspondence.) **Archives of Disease in Childhood,** 1986, **61,** 98.

Watson, J. P., House, F. and others. Life events and schizophrenia: a Saudi Arabian study. **British Journal of Psychiatry,** 1986, **148,** 12–22.

DEATHS

GOODHAND – Anne née Foster, B.D.S., L.D.S., R.C.S. Age 36 years after a brief battle against cancer. Dearly loved wife of John, mother of James, Ruth, Katrina and Rachel. Telephone 0526–52929.

HILL – H. A. (John), L.D.S., R.C.S. Guy's 1953, Newland Pedley prizewinner, died on Monday, 3rd February. Beloved husband of Pam and father of Stephen and Philip.

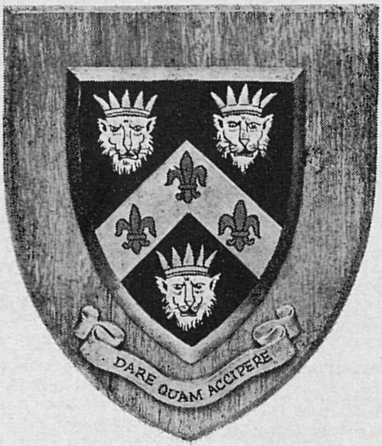
CHANGE OF ADDRESS

GAIN – Martin and Frances, The Rye, 94, Leicester Road, Hinckley, Leics. LE10 1LU.

PERSONAL

CHARMING COTTAGE to let in immaculate condition in Devon village. Between Torquay and Newton Abbot. Sleeps 4. Fully equipped. Colour TV. Own garden. Phone 0804–3214.

Guy's Hospital Gazette



High quality Shields, available only from the Gazette

Cost £15.00 (+ 50p p & p)

ORDER FORM

Name ....

Address ....

....

Please send me.........Guy's Shields at £15 each (+ 50p p. & p.).

I enclose a remittance of £................

To: The Manager, *Guy's Gazette,*
23b St. Thomas' Street, SE1 9RT.
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Guy's Hospital Gazette

ISSN; 0017-5870

Tel. No: 01-407 7600 Ext. 2023

EDITOR THOMAS BRINK
ASSISTANT EDITORS NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITOR JONATHAN CIESLICKI
SPORTS EDITOR NAVROZ MASANI
PHYSIOTHERAPY CORRESPONDENT RONALD COOPER

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

	Page
PASSIM	**141**
NEWS IN BRIEF	**142**
OBITUARY	
J. N. Hunt	**147**
CLUBS' UNION NEWS	**148**
THOMAS GUY'S BIRTHPLACE	**149**
AN ESSAY ON THE LIFE OF SIR WILLIAM GULL PART 2	
by J. Pitt-Payne	**151**
GUY'S MUSIC GROUP – EASTER CONCERT	
by C. M. Byatt	**158**
THE MOLE REPORT	**159**
DENTAL NOTES	**162**
DENTAL SOCIETY REPORT	
by R. Bryan and Y. Essani	**162**
PHYSIOTHERAPY	**164**
THE BORE REPORT	**165**
BOOK REVIEWS	**167**
CORRESPONDENCE	**168**
SPORT	**169**
HOSPITAL INFORMATION	**183**

MAY 3, 1986 VOLUME 100 NUMBER 2362

Published Monthly at Guy's Hospital, London. All rights reserved.

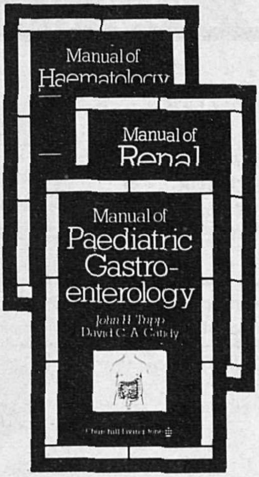
Pass your exams with Churchill Livingstone

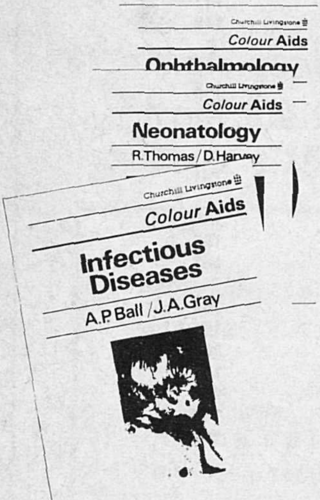
The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll


Manual of Haematology
Manual of Renal
Manual of Paediatric Gastro-enterology
John H Tripp
David C A Candy
Churchill Livingstone


Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious Diseases
A.P.Ball / J.A.Gray

Colour Aids

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

The fortunes of the *Gazette* in recent months have reached a very forlorn level. There has been a shake-up in the Editorial Committee with only three taking part in the production of the last issue! Our Manageress, of long-standing, has resigned and a perplexing pile of mail awaits the attention of her successor. With this depressing *ambience* comes the nagging doubt . . . are we satisfying our readership?

With ten editions per annum and a total of approximately four thousand subscribers, it is probable that all readers are made happy once or twice each year. In fact it is likely that certain parts of the journal are read by all who pick up a copy. Nevertheless, I am sure the majority feel that the *Gazette* is not a compulsive "read". Lately, on home ground, there has been a trend for the copies put out for students to be casually carried through to the "Spit", glanced over and left behind. Evidence, perhaps, of its limited attraction to the undergraduate.

Of course there is a vast spectrum (not just of age) with such a large subscription. Attitudes are diverse even within each separate generation. Here at Guy's with only Staff and Students to scrutinise, in the context of attitudes, it is obvious that the wishes of all cannot be fulfilled simultaneously.

The purpose of this discourse is to openly invite our readership to communicate with the editors. At the moment the *Gazette* cannot seriously be described as the "voice of the hospital". Does Guy's have a voice, or has the recurrent laryngeal suffered trauma?

Recently we published a mysterious postcard on the front cover from a Dr Weh. The message on the reverse was a riddle to us. The editors were delighted, however, to receive a number of letters furnishing us with information about the extraordinary Dr James Barry. We hope to publish an article on this subject later in the year. In a case such as this, the interest shown by those who have replied ultimately prompts inclusion of material on the subject in question.

Everybody knows that a hospital is made up of the people in it, those working and those receiving treatment. Some would argue that the people who used to be at the hospital also form a part of its character. Is this not true only when they keep in touch? Naturally the *Gazette* helps in this role of enabling those who are no longer at Guy's to find out about current events. But our journal needs to undergo some rehabilitation. It needs more zest!

This injection of excitement, energy and direction, which would benefit even that old slug Cedric, may be catalysed by the tender youthful enthusiasm of our editors. This must also be inspired by the vast resources of material and wisdom latent within YOU the readers!

News in Brief

Paediatric Distinction

Nicholas Maynard, a final year student at Guy's, has recently been awarded the British Paediatric Association's student prize for the best project submitted from any medical school in Britain. He presented his project to the Association at their annual meeting at York University.

Forthcoming Production

My Lords, Ladies and Gentlemen! The Theatre Club proudly presents "The Threepenny Opera" by Bertolt Brecht and Kurt Weill, which is to be performed during the first days of July in the Harris Physiology Theatre.

Vacant Office

Following the departure of Pat Driscoll, *Gazette* Manager, on April 4th, the *Gazette* Office has been unoccupied during normal hours. The *Gazette* would like to apologise to all readers who may have been trying to contact us during the period before appointment of a new manager. We would also like to apologise for any delays in handling the variety of requests normally dealt with by the manager. All the people who have worked alongside Pat are very sad at having to see her leave.

We wish her all the best.

Front Cover

This month's cover shows the memorial plaque near the birthplace of Thomas Guy (see article on page 149).

"Friends of Guy's" Biennial Fair

Once again the Biennial Fair of "The Friends of Guy's" will be held in the Park of the Hospital – this year on Thursday, 22nd May, 1986 from 11.00 a.m. until 3.00 p.m. Every two years the Friends select a special project to support and to which the profits from the Fair are given. This year we have selected the provision of special equipment for use in the Intensive Care of Babies and Children. We would be so grateful for any contribution you can make to this event. There will be a Grand Raffle with many valuable prizes and a variety of stalls. We need gifts for sale on these stalls, outlets for the sale of raffle tickets, publicity, prizes for Tombola or cash donations. Please help us in any way you can, and do come along on 22nd May.

Guy's Cricket

The Past v Present Cricket Match will be played at H.O.P. on Sunday, 8th June, 11.30 a.m. start. Any members of the Past who wish to play should contact either Dr. George Scott at Guy's, 407 7600 ext. 3104, or Dr. Ian Munro at *The Lancet*, 836 6942.

Carolyn Warwick Studentship

Professor R. Warwick has given another prize to the United Medical and Dental Schools. This is an endowment of more than £3,500 for an annual studentship or prize in memory of his late wife, Carolyn Warwick. She was a pathologist and worked for some time in the Paediatric Research Unit and the Department of Histopathology at Guy's in the course of her career. For some years she carried out research at Great Ormond Street and the Institute of Urology. The prize, to be named the Carolyn Warwick Studentship, will be a research studentship in Pathology, to assist a UMDS student who has intercalated a BSc degree in Pathology, to pursue a research project in the summer vacation following the degree, with a view to achieving a publication from the work. The Studentship will be awarded annually by the Academic Board on the recommendation of the Dean of UMDS and the Chairman of the Division of Histopathology. The award will include a book, and a suitable bookplate is being designed.

1986 Guy's Medical Directory

The Guy's Medical Directory, which includes a geographical index of all Guy's doctors, is now available. Copies may be obtained from the Medical School Office: price £5.00 to include postage and packing.

School of Physiotherapy Annual Charity Ball

Guy's School of Physiotherapy Annual Charity Ball, in aid of "Cardiac Spare Parts", is this year to be held in the Empire/Napoleon Suite, at the Café Royal, Regent Street, on Saturday, June 7th. Tickets are available from Laurian Bond, School of Physiotherapy, Shepherds House, Guy's Hospital, London SE1 9RT.

Astley Cooper Studentship

The Student, who is the Astley Cooper Assistant to the Curator of the Gordon Museum, will be elected for a period of three years, the salary being approximately £600 per annum. Duties involve undertaking investigations to assist in adding to the preparations in the Gordon Museum. Apply in writing, giving full C.V. and names of two referees to the Staffing Officer, United Medical and Dental Schools of Guy's and St. Thomas's Hospitals, Lambeth Palace Road, London, SE1 7EH.

Scholarships 1986–87

Applications are invited for the following Scholarships for the Session 1986–87. Forms are obtainable from the Dean and should be returned not later than 31st May 1986.

The Beaney Scholarship in Materia Medica

Candidates for the Scholarship must have received at least part of their medical education at Guy's. The object of the Scholarship is to advance knowledge of Materia Medica (including Pharmacy, Pharmacology and Therapeutics) by supplying the Scholar with the means of carrying out original investigation in these subjects. The Scholar holds the Scholarship for three years and is eligible for re-election. The Scholarship is of the annual value of approximately £1,150.

The Arthur Durham Travelling Studentship

Candidates for the Studentship must be registered medical practitioners who have studied at Guy's Hospital Medical School. The Student is required to proceed abroad for the purpose of carrying out such investigations as may be approved or directed by the Board of Electors, and shall undertake to reside continuously abroad for a period of not less than six months. The Studentship is of the value of approximately £1,100.

The Sir Alfred Fripp Memorial Fellowship

The Sir Alfred Fripp Fellow is required to promote the advancement of knowledge and research in Psychology, more particularly through the study of children in health/disease. The Fripp Fellow is allowed opportunities for study in the Department of Paediatrics and the Department of Child and Adolescent Psychiatry at Guy's and is required to submit with his or her application a definite scheme of advanced study or research to be carried out during the tenure of the Fellowship. The Fellowship is ordinarily for a period of two years, but may be renewed for a further period of up to three years. Candidates must possess a registrable medical qualification and should not be more than 35 years of age. The value of the Fellowship is up to £4,500 per annum according to the seniority of the holder and the amount of time to be devoted to the Fellowship, but a further £220 may be added for another endowment.

The Greville Studentship

The Greville Student is appointed for a period of two years renewable annually for a further three years to undertake original investigation in connection with the subject of cancer. The value of the Studentship is approximately £400 per annum.

The Gull Studentship in Pathology

Candidates for the Studentship must be registered medical practitioners who have studied in the Medical School of Guy's Hospital and may not exceed thirty-five years of age. The object of the Studentship is to advance the knowledge of Pathology and allied subjects by supplying students with the means of pursuing original investigations in those subjects. The Studentship is held for three years and exceptionally the student may then be reappointed for up to two years. The Studentship is of the value of approximately £725 per annum.

Dr James Leighton Hopkins Travelling Scholarship

Candidates for the Scholarship must be registered Medical Practitioners, who trained at Guy's. The purpose of the Scholarship is to assist the Scholar to travel to gain further experience. The value of the Scholarship is up to £1,650.

The Lambrinudi Memorial Scholarship

Candidates for this Scholarship must be male students who have completed their preliminary training in Orthopaedic Surgery and have held the post of Orthopaedic Registrar in a Teaching Hospital within the Commonwealth and who wish to further the study of Orthopaedic Surgery by postgraduate study, research or travel. The value of the Scholarship is approximately £450.

The Francis Lett Scholarship

Candidates for the Scholarship must have studied at Guy's The Scholarship may be held by itself or in conjunction with other studentships. The purpose of the Scholarship is to enable the Scholar to obtain experience in other Medical Schools or Hospitals, at home or abroad. Candidates must submit their proposed programme with their application. The Scholarship is of the value of up to approximately £1,500.

The Adrian Stokes Memorial Fellowship

The Fellowship is open to registered Medical Practitioners or Graduates in Science, Pathology or Bacteriology, to carry out further study in Pathology or Bacteriology in any of their branches. The Fellow is required to carry out this study during a period of not less than six calendar months in his year of tenure at a University, School or Hospital, or other institution, subject to the approval of the Academic Board, except the School in which he has received his medical or scientific education. The Fellowship is of the value of approximately £2,000.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are May 21st and June 18th.

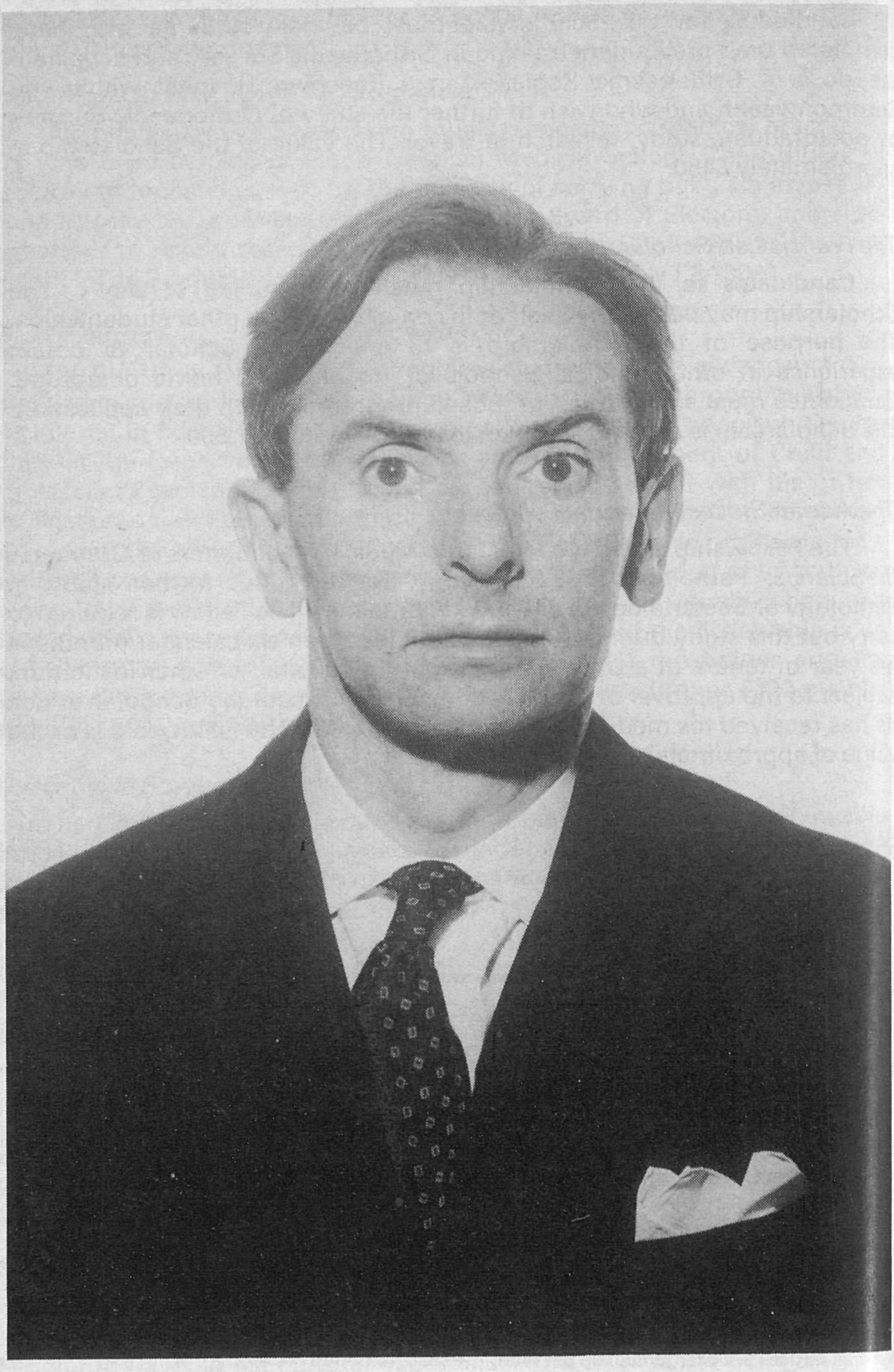
Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.



Obituary

Professor J. N. Hunt, M.D., D.Sc., F.R.C.P.

Professor J. N. Hunt, who died on 14th April 1986, was head of the Department of Physiology from 1962 to 1977, when he went to work at Baylor College of Medicine, Houston, U.S.A. A Guy's graduate, who spent the War with the Royal Navy as a medical officer, "Michael" as he was known to his intimates and affectionately as "Hunt" to the rest of us, returned to Guy's in 1945 as a Demonstrator in the Physiology Department. He left the Department at the time when the U.G.C. was seriously considering financial cut-backs, and his predictions at that time have unfortunately been shown to be correct.

An extremely able man whose quest for knowledge was boundless whether it was physiology, Limoges enamel or the going price of a twenty-year-old Rolls. Perhaps because of his intellectual agility, he did not suffer fools gladly, but was only too willing to change his mind if there was scientific evidence to prove him incorrect. His enthusiasm for learning continued, when he went to the U.S.A. where he took and passed, first time, all the pre-clinical and clinical examinations necessary for medical practice in Texas – at the age of 60 years.

Professor Hunt was a man whose current interests became passions, whether it was breeding sheep on Nevis, sailing a catamaran, doing up old Georgian houses or extolling the hypothesis that drinking water with a meal delayed gastric emptying, and hence helped in body weight loss.

An international authority in human gastric motility – he chose to work on the fasting stomach because his experiments for the day were over before the rest of us arrived for work – he completely reorganised the physiology teaching for medical students to the current format, and had time to serve as a member of the University Senate. As a person Professor Hunt was by nature shy and very warm, attributes he tried to overcome, though his sense of humour was keen and uninhibited – he often laughed while relating a story so the punch line was frequently not reached.

Former students will remember Professor Hunt as the person who insisted they arrive for classes and lectures on time, lecturers as the person who insisted that the students be respected, and physiologists as the person who would ask a penetrating question at the end of their paper to the Physiological Society. All will remember him as a great character.

I. M.

Clubs' Union News

At the time of writing, plans for the Summer Festival on the 31st May are well under way. There will be the usual mini-marathon, mixed doubles tennis, five-a-side, tug of war etc., plus a parachute display by the newly formed Guy's display team. We also hope to arrange a competition, perhaps volleyball, for the more energetic amongst the women. I hope the weather is as good as it was last year!

Recently four delegates from Guy's went to the Medical Students Societies Conference in Cardiff, which is a meeting of representatives from all the medical schools in the country and provides a forum for discussion on various topics. Talks were given by speakers from the B.M.A., the Medical Practitioners' Union and Voluntary Services Overseas amongst others. The B.M.A. warned of the risks of taking a couple of years out of the hospital system to work overseas, in terms of getting another job on return to the U.K. On the other hand, V.S.O. said that although they have not had much experience, they had not come across anyone experiencing problems and they have managed to get health authorities to freeze jobs for two years, at least in principle. They also pointed out that the majority of people returning found it an enjoyable and rewarding experience. The M.P.U. explained a little of their history and their rôle in setting up the N.H.S. If any students are interested in finding out more, contact me and I will put them in touch with the M.P.U. students' group. Other talks were on forensic pathology and its lack of teaching in some schools and also on medical journalism. There was also a British Dental Students' Association conference held at the same time (see Dental Society Report).

We were very sad to see Pat Driscoll leave us at the end of March. She has managed the shop in Boland House for the past 18 months and we wish her all the best in her new job – let's hope we get a replacement soon!

On a happier note, I am very pleased to report that Elaine Parsons and John Edwards have both been awarded University of London Laurels, which are given to people who have given outstanding service to the University – congratulations!

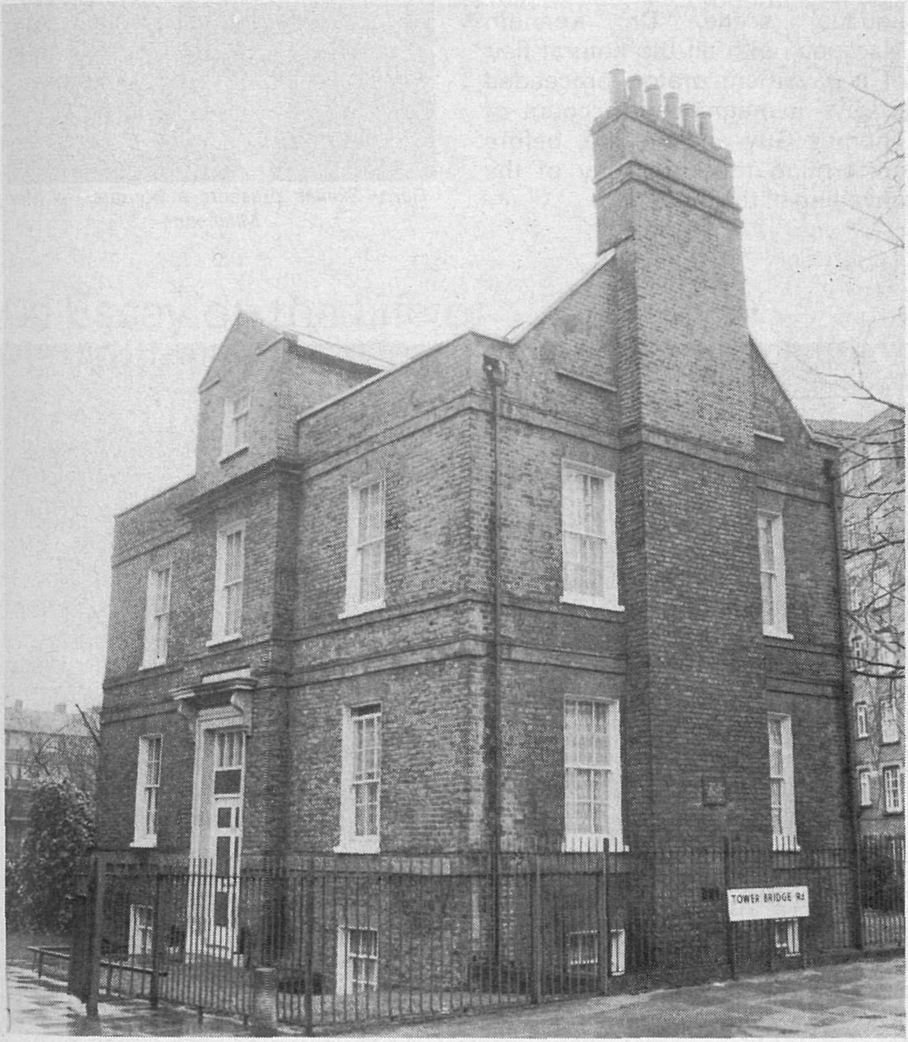
Gerry Skailes, President

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

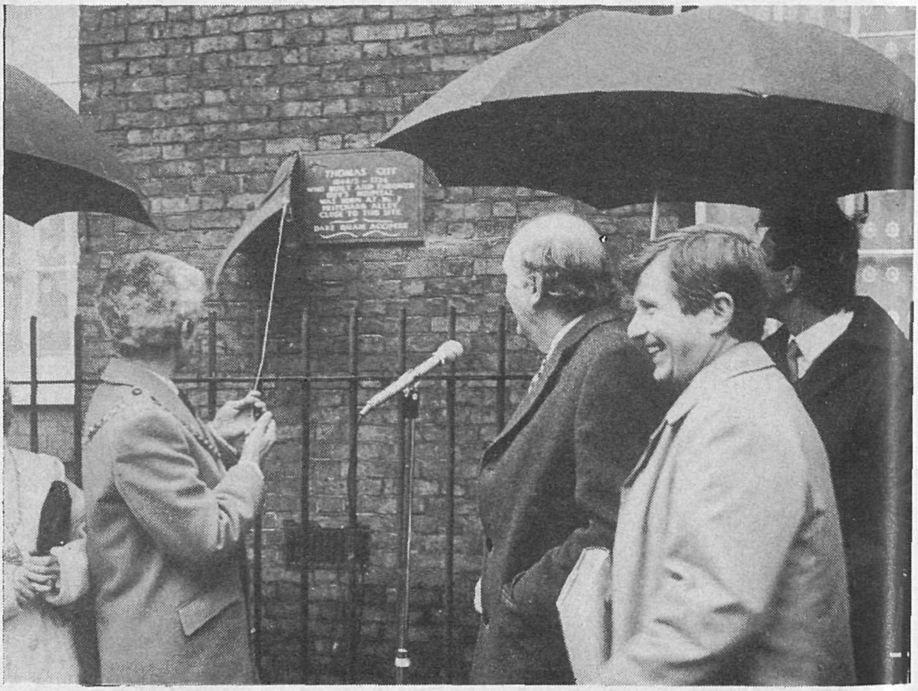
Thomas Guy's Birthplace

On Monday, 7th April 1986, at 5.00 p.m., a charming scene was enacted on the wet pavement of Tower Bridge Road. Alongside the London City Mission a group of dignitaries and interested parties crowded together, under many-coloured umbrellas, to witness the unveiling of a plaque to commemorate the birthplace of Thomas Guy, the founder of our great hospital. Professor Tim Clark, Dean of Guy's, introduced the occasion with



The building in Tower Bridge Road which now bears the plaque a speech of welcome and acknowledged the presence of Mr. and Mrs. Pat Sullivan, the Mayor and Mayoress of Southwark, of Dr. Brian Creamer, the Dean of the United Medical and Dental Schools of St. Thomas's and Guy's, and of Mr. Peter Barker, the Chairman of the Guy's District. Undeterred by the thunderous traffic and the puzzled looks of the lorry drivers and their mates, who by chance were witnesses to this unusual scene, Dr. Kenneth MacLean, with all the natural flair of a pavement orator, proceeded to give a magnificent account of Thomas Guy and his life, before performing the ceremony of the unveiling of the plaque.

Gerry Skailes presents a bouquet to Mrs MacLean



The Plaque is unveiled – Dr. K. S. MacLean and Professor T. J. H. Clark look on

Mr. Thornton replied on behalf of the London City Mission, and the Reverend Duncan Whyte offered a prayer. Miss Gerry Skailes, President of the Clubs' Union, charmingly presented a bouquet to Mrs. MacLean. Afterwards tea was taken in the London City Mission where in the better light the many friends of Guy's and its Medical School could now be identified, including our ex-Dean, Dr. J. C. Houston, Mr. Harry Burfoot, and Mr. Eddie Rowe, Governor of the Medical School and Vice-Chairman of the District. We also heard of some of the work of the Mission and of how, during its early construction, the site was found to contain over 800 graves, the transfer of which to another site was likely to be a considerable financial burden. Fortunately it turned out that the vendors of the property were ultimately liable as they had sold it "with vacant possession".

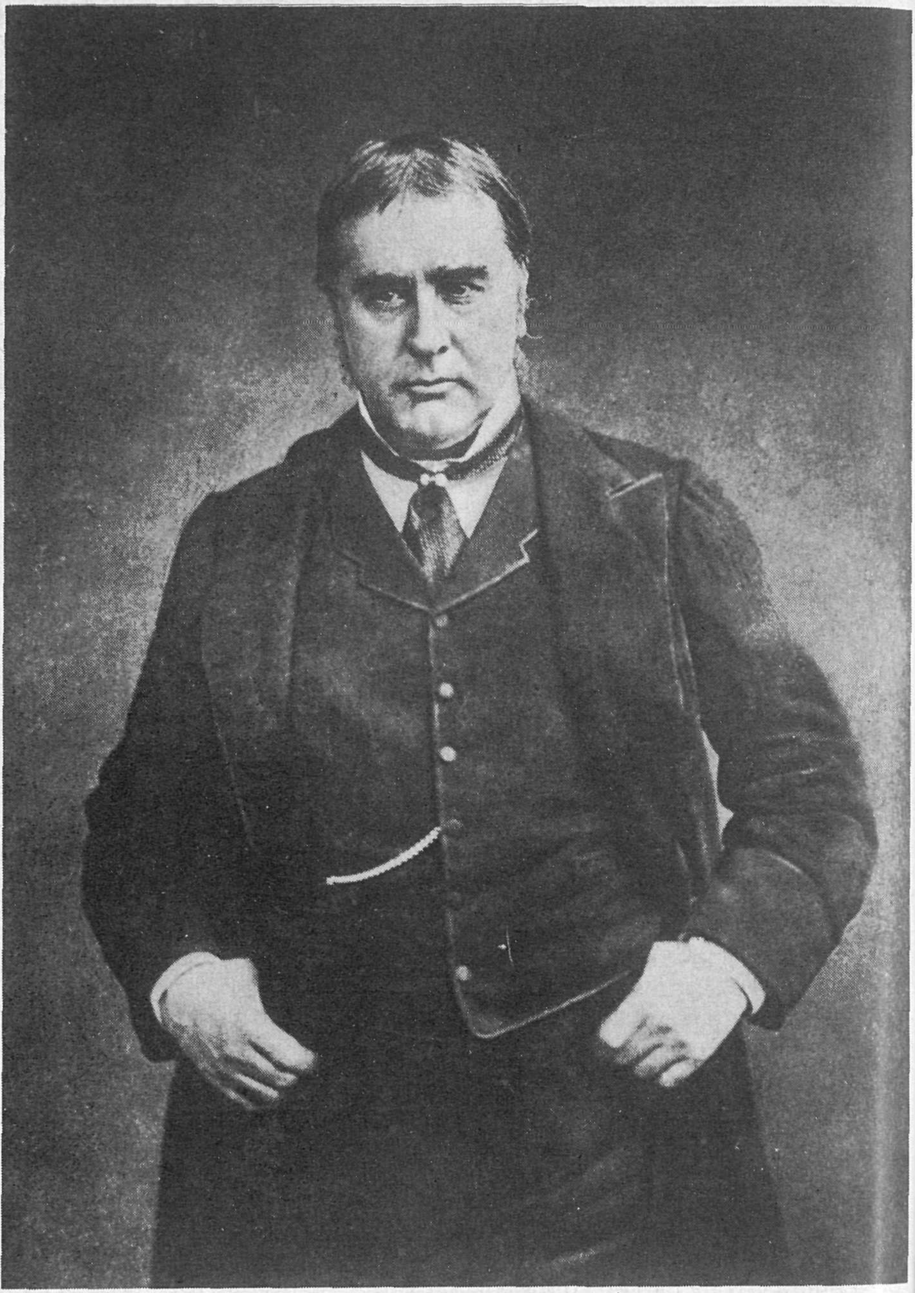
The weather was wet and miserable that day in the Borough, but it was a heart-warming occasion.

G. W. S.

An Essay on the Life of Sir William Gull, Bart., M.D., F.R.C.P., F.R.S., Ll.D., D.C.L. Part 2

by Dr. James Pitt-Payne

The Eighteen-fifties were a time when Gull was immersed in Hospital work and reaping the rewards of an ever-expanding private practice. Then there were also the trials of family life when the threat of mortal illness to children was ever present. We learn that for many years prior to 1862 he was Physician to the Skin Department. In 1856 he stopped giving lectures in physiology and pathology and became a Lecturer in Medicine in conjunction with Dr. Owen Rees. He resigned this lectureship some nine years later due to the increasing demands made by private practice. During the last century Guy's Hospital had a "dead-men's-shoes" policy towards its assistant physicians. In the mid-eighteen hundreds it was quite normal to mix private practice and hospital work. In fact a complete acquaintance with all the variety of ailments could not really be made otherwise. Assistant physicians worked in what we would now refer to as Out-Patients. They had no charge of wards or beds as this was the province of the full physicians. When a full physician was away on holiday or ill then his work was carried out by the assistant physician. Therefore advancement to the rank of full physician came about as a result of death or resignation. The age for resignation was sixty at that time. This state of affairs continued at Guy's Hospital until the outbreak of war in 1914.



July 1881 William W Gull

Gull therefore became a Full Physician to Guy's Hospital in 1858 on the death of Dr. Hughes. All the time he was making a steady contribution to the medical knowledge of the time. In all he published 92 original papers between 1845 and 1888. Though he was possessed of nothing short of a charismatic personality, the work of expressing himself in writing was a great problem for him. He would labour long over the construction of simple sentences and his lectures and addresses were accomplished by sheer hard work. He sometimes paced the room for hours on end seeking to find expression in words for the thoughts of which his mind was full.

In spite of this he excelled at the bedside and had the ability to inspire very sick patients with confidence. By turns brilliant and epigrammatic he was conscientiously opposed to the homeopathic system of affirming the existence of a medicine for every sympton. Often he expressed the view that medicines do most good when there is a tendency to recover without them. He demonstrated that his cases of rheumatic fever did as well on mint water as did those treated with the remedies then in vogue. His treatment of disease on rational principles rather than by drugs did not always meet with grateful recognition. A patient who had passed successfully through a severe attack of typhoid fever without medicine, in Guy's Hospital, was congratulated by Dr. Gull on his recovery. "Yes", replied the man, "and no thanks to you either!"

There was much good sense in Gull's teaching. He believed that the best of all remedies was a warm bed, that no one could understand the "constitution" of a patient if they had never examined his urine, and that one should never disregard what a mother says. He seems to have enjoyed remarkable health throughout his life excepting an attack of enteric fever. In 1862, the Gull family moved to 74, Brook Street and Gull's private practice increased accordingly. He was sixty years old on the last day of 1876 and therefore resigned his post at Guy's Hospital. Thereafter he was immersed in his practice. He was an active Fellow of the Royal College of Physicians and served on its council in 1862, 1863, 1869, 1871 and 1872. He was Censor in 1859, 1860 and in 1872. In 1870 he gave the Harveian Oration which was universally regarded as one of the greatest orations of his career in medicine. He was made a Doctor of Civil Law by the University of Oxford in 1868 and the following year he was elected a Fellow of the Royal Society.

In 1871 a grateful Guy's Hospital appointed Dr. Gull Consulting Physician to Guy's Hospital. Thus his name was linked with that of Dr. Thomas Addison and Sir Astley Cooper; great past members of the Hospital so honoured. From 1871 to 1883 he was one of six Crown members of the General Medical Council. He was a valued and useful member of the Council of the Royal Society and of the Senate of the University of London, where he was the first medical graduate to be appointed. It would seem that in 1871 this Olympian Victorian physician was at the apogee of his career yet further honour awaited him.

Towards the end of October 1871, H.R.H. The Prince of Wales visited Lord and Lady Londesborough at Londesborough Lodge near Scarborough. It was here that he was infected with typhoid fever from the foul drains. The incubation period for typhoid is very variable and may be as short as three days and as long as three weeks. The severity of an attack depends on the size of the dose, the virulence of the organism, and the resistance of the patient. Long incubation periods suggest a waterborne infection. In Victorian times typhoid was a serious illness with a fatality rate of up to 30 percent. On 23rd November came the announcement that the illness of the Prince of Wales had been diagnosed as typhoid fever. Duff tells us that: "No magnet drew large Victorian families to one place more strongly than the imminence of death. At times when quiet, peace and maximum efficiency were demanded, relations, near and distant, arrived to occupy every spare bedroom, overburden the kitchen, harrass the servants, and pour out advice from a minimum of medical knowledge. It was as if the 'star' of the piece was departing on a long train journey and it *was fitting that all those who knew him should gather on a dismal platform* as he steamed out into the winter's twilight. That is what happened at *Sandringham in December 1871.*"[32]

Sandringham sent for the Prince's local doctor, Mr. Lowe, and then telegraphed for Sir Oscar Clayton. The latter sent for Dr. Gull, and shortly afterwards Sir William Jenner was also summoned.[24]

Although there were four or five doctors in attendance on the ailing Prince, it was Gull who took charge and it was Gull's name that the delirious Prince shouted out when the fever was at its height. By the 13th December 1871 the Prince's condition was so bad that Gull did not expect him to live and suggested that a bulletin be issued to the effect that "the strength was failing". The family were insistent that he wait a little longer. The gloomy note struck in the bulletins, which were issued several times a day for an entire fortnight, had caused the nation and empire almost to abandon hope.[31]

In the early hours of 14th December the crisis passed and from then on the Prince made a slow but steady recovery although it was mid-February 1872 before the anxiety was really over. On 20th January 1872 a Baronetcy was conferred on William Gull by a grateful Queen Victoria. He was also appointed one of Her Majesty's Physicians Extraordinary and continued as personal physician to the Prince of Wales. In 1872 Gull was President of the Clinical Society and it is in the Transactions of the Clinical Society that his first accounts of anorexia nervosa and a cretinoid state supervening in adult women appeared in 1874. The latter condition was renamed myxoedema and is caused by thyroid deficiency. In Gull's obituary in the *Guy's Hospital Reports* we read as follows:

"Sir William Withey Gull's last important work was 'On a Cretinoid Condition in Adult Women'. It contains a brief but complete account of a hitherto undescribed condition, which has since attracted great interest under the more distinctive but less accurate name of myxoedema. As in other cases of clinical observation, it is remarkable that a disease which no one had recognised before its existence and characters were established by Gull, has since been found to exist not only in this country and on the Continent, but in America and Australia. Moreover, he not only caught its characteristic facies and recognised its importance, but in the name under

bosp

OFFICE EQUIPMENT
FURNITURE
BEELINE HOUSE
FARWIG LANE, BROMLEY

MACHINES SHOWROOMS
& SHOP
39 EAST STREET
BROMLEY

01–460 9811

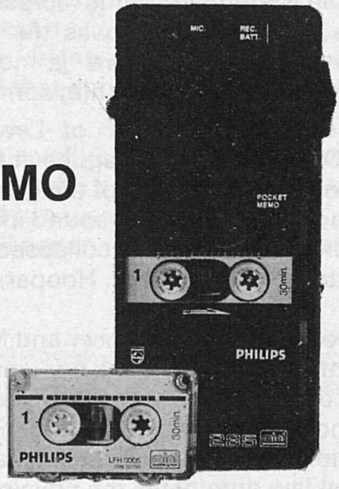
VISA

SPECIAL OFFER
TO READERS OF "GUY'S"

PHILIPS

POCKET MEMO

MODEL 285


MIC.
REC. BATT.
POCKET MEMO
1
30min.
PHILIPS
285 mini
1
50min.
PHILIPS
LFH 0005
mini

ONLY £59.99 + VAT
CARRIAGE FREE

Features –
★ Mini cassette – popular format
★ Easy to use – one hand operation
★ Uses Standard PP3 battery
★ Durable and reliable
★ Transcribing secretarial unit available at special price also

bosp

which he described it, he indicated its true pathological relations, doubtful and obscure for some time, but by recent investigation established beyond reasonable doubt."[25]

So Sir William Withey Gull became the most famous and successful doctor in all England. The personality that was so imposing and reassuring at the bedside had its off days and he could be worse than tactless to the point of cruelty. In at least two cited instances he removed organs from his dead patients much against the relatives' wishes. Wilks and Bettany in their Biographical History of Guy's Hospital cite a case where Gull removed the suprarenal capsules (adrenal glands) from a deceased patient expressly against the wishes of the relatives. (p.268–269: Wilks & Bettany). Perhaps such anecdotes indicate his pertinacity. Indeed a favourite aphorism of his was; "Savages explain. Science investigates." In *Guy's Hospital Reports*, 1890, there is a similar story only the organ removed is a heart. However, those were the days when much was learnt after death in the post mortem room and any doctor worth his salt would want to make a post mortem examination of his patient so that he might be more knowledgeable should he come across the same set of circumstances again. Some may say that it was the savage that investigated and the scientist that explained. There is no doubt that Sir William Gull's extraordinary personality made him something of a law unto himself.

In 1880 he received Doctor of Laws Degrees from Edinburgh and Cambridge. One of Gull's colleagues at Guy's in the eighteen-eighties was Dr. Walter Moxon. He was one of the great teachers of his day and he could make even the dullest of topics sound interesting. He could talk for an hour without referring to a note. He collapsed and died at the early age of 51 in 1886. In a letter to his friend Dr. Hooper, Gull refers to the death of Moxon and adds:
"We look through a glass. Spencer and Maudsley are earnest students, but they and all of us are apt to think our views are equal to the whole realities, but they are only equal to what they are equal. I can only teach as one of the older scholars in this great school. To me, life in all its phases seems but a revelation of more than it seems, and demonstratively so when I see that the moral law dominates the physiological laws. Hence suicide; hence the law of duty and the high sacrifice of life to it; hence heroes and martyres; hence the backbone of daily life in the home and in the work. I would rather believe in Moses and the Prophets than in the demonstrations of science and logic as thus far exhibited." (p.273: Wilks & Bettany)

In 1887 he was appointed Physician in Ordinary to Queen Victoria. In the same year while in Scotland, near Killiecrankie, he developed a mild right hemiplegia with some aphasia. He remarked, somewhat laconically, "One arrow has missed its mark, but there are more in the quiver." He also added, "I shall make no sudden change, and shall not give out that I will never see a patient again. The less one prophesies of oneself or other people the better, but I do not suppose that I shall do any more practice."[25] His colleagues noted that he still looked well although Gull knew in himself that he was no longer capable of sustaining medical practice. He remained comparatively well for some time apart from a couple of slight seizures.

On Monday, 29th January 1890, at 9.30 while at breakfast, he suddenly lost his speech, though perfectly conscious; unconsciousness rapidly supervened, deepened into coma, and he gradually passed away, there being evidently complete paralysis of the left side.[26] In his waning years Gull had written: "The nearer I approach to the end of life the more I am impressed with the spiritual nature of things. It is the sensuality (not sense, but sensuality) of our nature which restricts and hinders our clearer view."[23] Perhaps in the closing moments of his illustrious life he got the glimpse of eternity he hinted at. On the following Saturday, February 3rd 1890 he was buried at Thorpe-le-Soken in the churchyard of his native village beside his father and mother. That should be the end of this short biography but it is not. Recently the life of Sir William Gull has been of interest for quite another reason. In a book written by Stephen Knight, Gull is implicated in the Jack the Ripper murders which so horrified the residents of Whitechapel in 1888. If there is any truth in his theories, and they are very plausible, then it provides something of an opposite for a life so full of achievement. Since the dead can no longer speak such theories will have to remain subjects for conjecture.[33]
"There has never yet lived a human being who did not cast a shadow. It has been said that he who does evil that good may come, pays a toll to the devil to let him into heaven."[34]

Sir William Gull left £344,000 in his will; a sum that would translate into several million pounds now. I am one who believes that he deserved every penny of it. His name is perpetuated in a ward in Hunt's House and the Gull Studentship of Pathology worth £725 per annum at Guy's Hospital.

References:

22. Gull, Sir William W., Clinical Society's Transactions, Vol. vii., 1874, p. 22. Taken from the Collected Writings of Sir *William Withey Gull Bart., M.D., F.R.S., Ed. T. D. Acland M.D., Physician to St. Thomas's Hospital, 1894.*
23. The Collected Writings of Sir William Withey Gull Bart., M.D., F.R.S., The New Sydenham Society, Ed. T. D. Acland, 1894.
24. Biographical History of Guy's Hospital by Samuel Wilks M.D., Ll.D., F.R.S., and G. T. Bettany M.A., B.Sc. Ward, Lock, Bowden & Co. London, 1892.
25. Guy's Hospital Reports, Vol. XLVII, 1890.
26. In Memoriam – Sir William Gull – Reprinted from the British Medical Journal, February 1st, 1890.
27. A Collection of The Published Writings of William Withey Gull Bart., M.D., F.R.S., Edited by Theodore Dyke Acland M.D., Physician to St. Thomas's Hospital. The New Sydenham Society, 1896.
28. Dictionary of National Biography.
29. Mr. Guy's Hospital, 1726–1948, H. C. Cameron M.D., F.R.C.P., Longmans, Green and Co., London, 1954.
30. Guy's Hospital, 1725–1948, Ed. Hujohn A. Ripman for Guy's Hospital Gazette Committee, 1951.
31. King Edward The Seventh, by Philip Magnus, John Murray, Penguin Edition, p. 150 1964.
32. Alexandra: Princess and Queen, by David Duff, Collins, page 105 1980.
33. Jack the Ripper: The Final Solution, by Stephen Knight, George G. Harrap & Co. Ltd., 1976.
34. Guesses at Truth, Julius Charles Hare & Augustus William Hare, 1827.

This essay forms part of a book in which the Author has researched Anorexia Nervosa, and the connection with Sir William Gull.

Guy's Music Group – Easter Concert

by C. M. Byatt

For their second concert of the academic year, the Group produced a varied Passiontide programme. An orthodox start with Mozart's "Ave Verum" gave the choir a chance to settle in and warm up. The slightly slow pace, however, made the singers work hard at their breath control, but brought out the full impact of the deeply moving prayer.

In total contrast, the orchestra then played a selection of movements from Handel's "Water Music". Perhaps one of his more familiar orchestral works, it is always a pleasure to hear those jaunty melodies. The wind section and (electronic) harpsichord continuo worked hard to provide a framework upon which the musical variations could be hung.

All change again! The final piece before the interval was the world premiere of Mark Edwards arrangement of the "Stabat Mater". One has the unusual luxury at a work's first performance of being able to make a totally subjective aesthetic judgement, unhampered by technical or theoretical considerations of scoring. The audience showed their approval of the work spontaneously, and it will go down in the annals of the Group as an unqualified success. A haunting solo soprano voice ethereally led us against a vaguely menacing pedal note on the organ into the choral introduction. The modulations used payed homage to the composer's acknowledged love for Vaughan-Williams's music and his skill in revitalising traditional modal harmonies. The main body of the work contained a lilting melody, impassioned and at times explicitly discordant pleas, stirring choral harmony, and moving soprano solo passages, before culminating in a conciliatory "Adagio gentile molto" which gently drew the piece to a close. The composer used a selection of themes and arrangements which covered the gamut of feelings and emotions that are implicit in the true meaning of Easter. I am sure that there was sufficient material to sustain a longer piece, a refreshing change from the Lloyd-Webber phenomenon of arranging one or two themes to fill a whole work! That the score was so admirably interpreted was due in no small part to the efforts of the soloists, Euphan Hunter and Sally Stallworthy (whose voices complemented each other perfectly); the conductor John Gaut who had managed, by cajoling and encouraging, to make the members sing as a choir; and the accompanying organist Jon Pollard who not only played organ and oboe on the night, but also the piano for rehearsals.

The second part of the concert was devoted to Faure's "Requiem". The work was on the whole competently executed by choir and orchestra, but special mention must go to Emma Hickman for her clear rendition of the "Pie Jesu". The *putti* on the ceiling of the church of St. George the Martyr formed a fitting celestial scene for the final angelic stanza, "In Paradisium". The venue was large enough to use the full range of musical dynamics to good effect whilst still retaining a degree of intimacy with the modest but appreciative audience. Let us hope that the optimistic final part of the programme bodes well for the Group's future! All interested singers or musicians would be welcome.

The Mole Report

Mole has been on the move. A creature of habit, he rarely left the environs of the old Alma Mater where he had spent most of his working life, but he had accepted an invitation to visit Ratty at his new home on the River Bank (Fig.1).

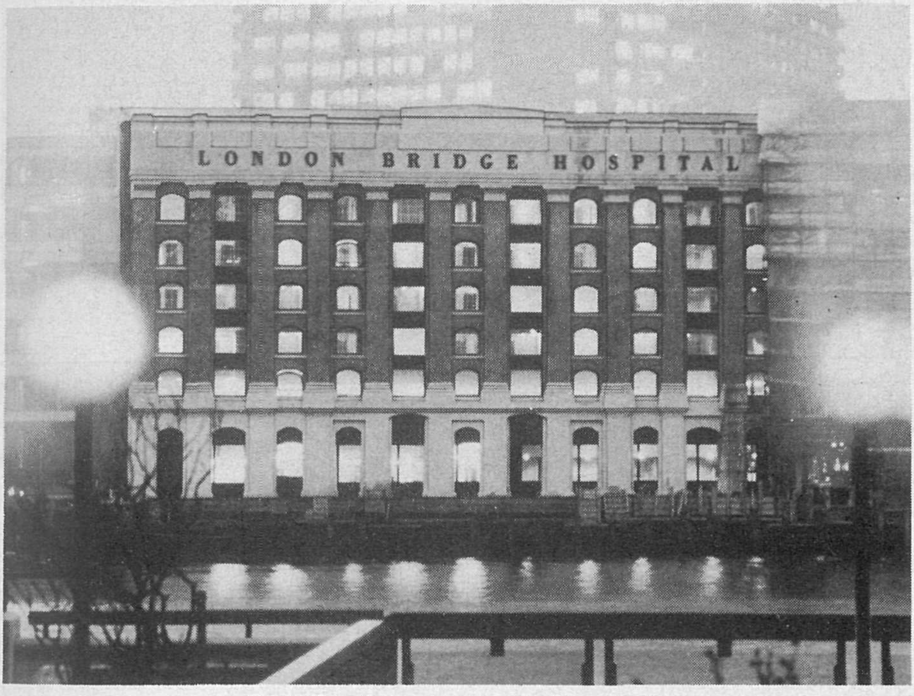


Fig.1 Ratty's new home on the River Bank.

What a revelation it was! Ratty could rest in comfort wherever he wished, either gazing at all the action on his River Thames or at the ant-like figures marching across London Bridge, or he could view the inner Atrium with its glorious garden Appendage (Fig.2), even if some of the flowers were artificial. He had all the mod cons there too, with facilities for private ablutions (if he needed them!) as well as the use of 4 fully equipped operating theatres, a 6-bedded ITU, and ancillary services of physiotherapy, pathology and an X-ray department which included a gamma camera, ultrasound, mammography and a whole-body CT scanner. Ratty had certainly moved into the world of sophisticated medical

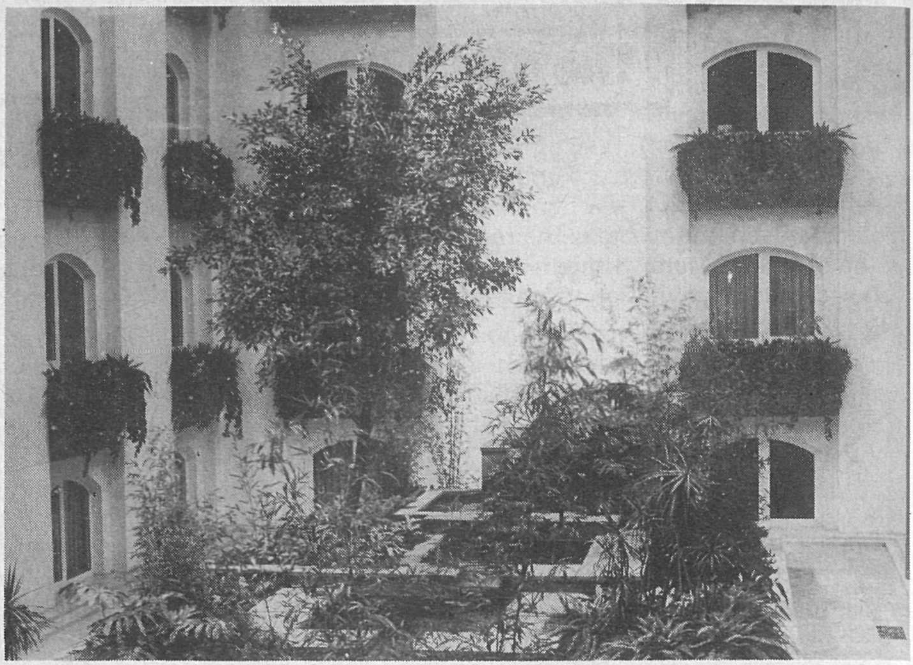


Fig.2   The Atrial Appendage.

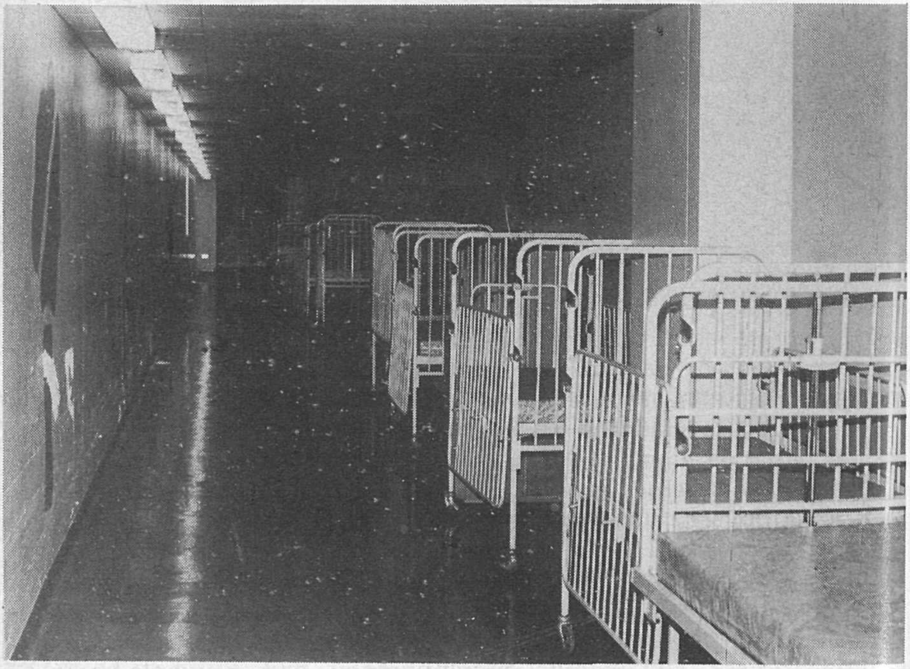


Fig.3   The Passage of Empty Beds.

care, but what impressed Mole most was the attitude of Ratty's new friends. They all seemed so jolly keen and helpful. They were even enthusiastic in their welcome to the doctors and their patients, rather than regarding them as an intrusion and a burden. Mole had forgotten what it was like, but his past experiences in the Park with his staple diet (earthworms!) had taught him a lot about supply and demand. He could well understand the need for such a hospital when all around the patient services under the NHS were being progressively dismembered. Mole felt that it was time to return to reality and to the Underground Passages where he supposed a mole belonged. With his acute sense of hearing he could almost hear the peeling of the walls and with his sensitive nose he could detect the air from the Park permeating through the ceiling. He would squeeze through the passages with their rows of abandoned empty beds (Fig.3) and pretend they were not there. He was home again in familiar surroundings, but he didn't feel as comfortable as he had hoped!

Mole

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF

Postage and packing

for orders £ 5.00 to £14.99 please add	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60

Dental Notes

Without dental schools in the UK, there would be no dental hospitals for the NHS to provide with facilities. It is the *sine qua non* of a dental hospital's existence to have an attached school, whose undergraduates carry out the vast majority of the treatment. Last year's dental outpatient attendances at Guy's were approximately 180,000. This is a thirty per cent increase over 1982 and continues to rise. The merger with the Royal promises a further upward trend.

The frustration dentists continually experience, when administrators fail to appreciate the differences between a general hospital and a dental hospital, reaches exasperation point when similar solutions are expected to solve the financial problems of both. We shall be watching with interest to see how King's Dental Hospital benefits in its dealings with Camberwell Health Authority now it is firmly established as a separate unit.

If the spirit of Griffiths is to become reality, as far as decentralisation is concerned, the dental hospital lends itself ideally to the model. In the past, Guy's Dental Hospital has enjoyed administrative independence and has been a generous source of an extra bone or two for the unit in return. Now the cupboard is bare, Old Mother Hubbard must discuss ways of ensuring a well stocked cupboard for the future. The alternative may just conceivably be no cupboard.

M. L. Maberley

Dental Society Report

by Rosemary Bryan and Yasmin Essani

Over the last few months we have continued with our evening meetings at regular intervals and on the whole, I am glad to say, they have been well attended by students and staff. Maybe it was the receptions following the meetings which encouraged people to come.

The elective reports by the students were as ever, very popular. Three different locations were presented in January, by students who had qualified last December. Initially Paul Ellis showed us how dentistry in South Africa was taught and described the problems of working in the black township of Soweto. Second on parade was Dawn Clewer who gave a fascinating talk on her visit to Malaysia and the Orient – always a popular retreat for Guy's elective students. Finally Peter Hardee rounded off operations with his dry Australian visit – should he have drunk a little more XXXX while he was away?

On February 13th, Mr. Colin Hall Dexter, a Harley Street dentist, treated an unusually large Dental Society audience to a very entertaining and lively dissertation on patient–dentist psychology: what the patient expects from us and what, in turn, we expect from the patient. We do not expect them to request a lingual bar. Mr. Dexter made some very interesting and amusing observations, recalling his life, both as a student and in practice. He ended his talk with a sketch on the ideal dentist.

At the end of February, we had a talk entitled, "I shouldn't know you again if we did meet". Mr. Alan Thom from our own orthodontics department, projected advances, successes and hopes for children with craniofacial problems. His talk, although clinical, was not just descriptive, indeed, it showed us some of the hurdles that patient, parent and clinician faced, both physically and psychologically. The meeting was very well received.

Annual Dental Ball

This year's Dental Ball was held on Saturday 19th April at the Hilton Hotel on Park Lane. Nearly eight hundred guests arrived in the great Ballroom for what turned out to be a very enjoyable evening.

The dinner, which was of a very high standard, was served at 8.30 p.m. and a string quartet played during the meal. Afterwards the President of the Dental Society, Mr. P. Longhurst, proposed the toasts: "The Queen" and "Guy's Hospital Dental Society". The Secretary Mark Foster, replied on behalf of the Dental Society, with an enlivened speech and several jokes.

I must congratulate the Ball secretaries Jayne Pascoe and Nick Jones for arranging such a successful evening.

B.D.S.A. Winter Conference

This year's winter conference was held in Cardiff, and was attended by six Guy's dental students.

We were treated to a balanced programme of intellectual and social involvement organised by Jill Adams (Conference organiser) and her committee.

Daytime events included lectures on Endosseous Implants, Sports Injuries, Future Opportunities in Dental Practice, and talks from the Medical Defence Union and the Medical Protection Society representatives.

Evening entertainment consisted of a cocktail evening, a medieval banquet and a dinner dance at the Royal Hotel.

On the last day was the 6 monthly B.D.S.A. meeting which concluded our lively and enjoyable stay in Cardiff.

Physiotherapy

A random selection of patients attending for physiotherapy are being asked to complete a questionnaire aimed at establishing their feelings about their treatment, about the people who have administered it and the ambience within which it was provided. Quite what the King's Fund-supported project aims to demonstrate is not fully clear, but it is to be hoped that it is not to produce an Egon Ronay-style Good Physio Guide. Comparisons, as the man said, are odorous.

On the other hand, it may well be salutary for us to find out just how good we are or, at least, are seen to be. To be made to take account of what the consumer thinks is the fate of any commercial purveyor of goods or services, and since we are urged – compelled – to become cost-conscious in the hope of making us cost-effective, why not test customer satisfaction in this regard as well?

To try to avoid prejudice, or to free the respondent from fears of even more diabolical forms of therapy if he makes a critical comment, the forms are to be handed to the patient by somebody who is not readily identifiable as a physiotherapist, or one associated with the treatment. It was not actually put into words that the obvious candidate for distributor was your correspondent so a second solution was sought, the mantle falling upon two first-year students who are mature, both in terms of educational status and personality. The staff are not to discuss the quiz with the patients, and a discreet dropping-place for the completed forms is to be provided.

No doubt we become complacent. We think that what we do is worth doing and is done well – why else would we do it? Perhaps we are, as an old song had it, nice people with nice manners ("though they've got no money at all", it went on) and other nice people with nice manners – our colleagues and our patients – may forbear to criticise us because we mean well, and we try hard and we care. Even if we do not achieve anything?

Can that really be so? Are we that nice? Are you? It is going to be very interesting to see what comes out of this investigation. One has been told that physiotherapists are held in low esteem by other hospital professionals. One is aware of the negative findings of most trials set up to evaluate the efficacy of our treatments – though "set up" is sometimes seen to be the exact phrase. One reads the Literary Editor of *The Times* giving an account of his meeting with "a health-through-suffering fanatic" physiotherapist when he hurt his back. But we do not really believe that we are ineffective.

Mind you, seeing how long it is taking the heir to the throne to take his finger out – of his sling, that is – alternative therapy does not appear to be very successful, either.

Ronald Cooper

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic Cedric Bore. All information gratefully received. Any resemblance to any peson living, or preferably, dead is accidental, and in many cases deplorable.

Vindication! I am delighted – nay ecstatic – that P. Arthur received a certificate of merit. It has meant that at last this unpleasant episode can be laid to rest. However, any more scandal about worms will be warmly welcomed.

What a shock for a Springbok! It may suit in certain situations, but book-work cannot replace seeing patients, David. Imagine the ignominy of being called for a cardiology prize viva, and then being told your examination technique is so poor that you will fail finals! There is life beyond the walls of the Wills.

I am glad that at last Anu and CB have had the chance to settle their account for accommodation in Australia. As you can imagine the debt has been niggling their consciences, and they would like to thank the Medical School Office for making retribution possible.

Shock! Horror! Ouch! . . . Following recent scandalous revelations from the Paediatric Department of another South London Hospital, surely it was unwise of the Mark Thatcher Spitting Image Puppet to accept that seemingly innocuous invitation from the south coast. Golf? Balls! Why did he go? What did they do? Where was the Irish Fool? Why did he take the cheese? What is "feltch"?

New City Blunder! It seems that each individual part was not fully tested. The Noise Abatement Society has issued an advisory leaflet, stating that the removal of the underbed (sound) boxes has the desired effect. Cedric, once again, brings news of what the people don't want to hear.

Campanologists amongst you might like to "guess the age of the Belle-of-the-Ball".

Stands back in amazement, can it be true? The Specialist Clinical Programmes at the "Waterfront" are to include . . . wait for it, Cardiology, Nephrology, and Paediatrics. . . . What a coincidence! Would you believe it? What a service to the community. There will be no poaching, of course.

Talk about pickled path pots. One specimen was carried into a recent exam apparently lifeless. However, I am happy to report that, contrary to most pathologists' views, the effects of 1,7-polysmirnoff alcohol seemed to have had a beneficial effect on this volunteer's performance.

Have any readers noticed the extraordinary resemblance between Aresh and the nabbed Libyan bomber? But isn't the mistress supposed to have been Irish not Welsh?

Cedric Bore

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY

Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

Guy's Hospital Gazette

English Pewter Goblets, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed. ***Cost £15.00***

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Goblets at £15 each (+ 50p p. & p.)

I enclose a remittance of £.................

To: **The Manager, Guy's Gazette Office,**
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Book Reviews

Lecture Notes on Diseases of the Ear, Nose and Throat by P. D. Bull. 6th Edition. Pp. 194. Price: £6.50. Cover: Soft. Published by Blackwell Scientific Publications.

The first edition of this member of the Lecture Notes series was published in 1961, and while the original book was an excellent primer of ENT, it has sadly fallen behind the times, until now, with the appearance of the 6th edition. While retaining the original format, the whole book has been re-written and brought into line with modern practice.

This edition, under the new authorship of Mr. Bull also includes diseases of the salivary glands for the first time, in recognition of the place this group of disorders holds within the sphere of the speciality. The illustrations have been redrawn to a high standard, although the graphic description of the tuning-fork tests is confusing. Impedance audiometry would benefit from the inclusion of some simple diagrams to clarify the principles and findings in this important investigation.

The chapter devoted to complications of Chronic Otitis Media is succinct, and while these are uncommon with the benefit of present-day management, when they do occur, they may take the clinician unaware, with dire consequences for the patient.

Paediatric ENT is well covered, with a few reservations: The administration of chloramphenicol routinely for epiglottitis is debatable in some centres. It is essential to refer the child with suspected hearing loss as soon as it is recognised, and not wait until the child is 8 months old. Acute Otitis Media should be excluded in all children with a pyrexia; and in the absence of infection or an appropriate history, for perforation of the tympanic membrane in children, non-Accidental Injury should be considered.

It is a pity that the 'delusions and fallacies' section of the original edition has been excluded, since a number of helpful axioms and caveats together formed a useful aide-memoire for the non-ENT practitioner. The exclusion of the past examination questions, on the other hand, is no real disadvantage. In the place of these sections, a Pharmacopoeia has been summarised, which although helpful, will depend on local Formulary restrictions for its implementation. One possible exception is the use of aural topical steroids, which should probably be avoided, except under ENT supervision.

Overall, this book now deserves to be recommended once again as a popular text for the undergraduate, and to trainees in Paediatrics and General Practice. Hopefully, it will be kept up to date in the future, and not merely reprinted every other year.

PETER J. ROBB
ENT Registrar

"Immunology" by I. Roitt, J. Brostoff and D. Male. 1st Edition. Pp. approx. 300. Price: £12.95. Cover: Soft. Published by Churchill Livingstone.

This is indeed a wonderful book and the Middlesex immunologists who are authors have long experience as teachers and excel in the clear presentation of immunological ideas. In the preface they make the modest if tautological suggestion, that it is a "remarkably unusual book." It will replace Roitt's Essential Immunology, and retains many of the virtues of this earlier and highly successful book, while giving more thorough attention to certain aspects of the subject, such as the evolution of immunity and immunity to protozoa and worms. There is also a useful glossary of terms at the end. My only criticism of the book is that I detected a weakness on coverage of vaccines, a subject of major interest and excitement in applied immunology.

What makes the book a real winner is the superb layout and the unprecedented quality of the figures and illustrations. Indeed, they are so good at illustrating immunological phenomena, with clear lines and colours, that at times one feels they have illustrated things that scarcely needed illustration. The book is quite large (210 x 300cm), with a soft cover, and there must be about 300 pages (the page numbers are based on chapters).

I have never seen an immunology textbook with the richness, the clarity, and the visual appeal of this one. It is here to stay, and can be recommended to students especially because, unbelievably, it is priced at a mere £12.95.

C. A. MIMS
Professor of Microbiology

"600 MCQ's in Anaesthesia: Basic Sciences" by P. S. Simpson & N. W. Goodman. 1st Edn. Pp 244. Price: £7.95. Cover: Soft. Published by Churchill Livingstone.

Devising MCQs is a hard and tedious business. This book contains questions arranged in mock papers of 60 MCQs equally divided into Physiology, Pharmacology and Physics so the student can simulate the FFA conditions. However, the format of the FFA examination has changed somewhat recently so the mock papers do not in fact represent the true conditions of the new examination.

The questions nevertheless are based on the general format of a stem followed by five responses, any one of which may be either true or false. The answers are given at the end of the book and it would be churlish to argue over their accuracy.

The introduction is well worth reading because it gives a lot of common sense about preparation for MCQ examinations and strategies to adopt with the papers. The book is recommended to candidates preparing for basic sciences in anaesthesia and will be especially valuable for doctors who qualified overseas from universities which do not use the MCQ approach.

Professor A. P. ADAMS
Dept. of Anaethetics

Correspondence

Tidy Reply

Dear Sir,

Both correspondents and contributors have commented in the *Gazette* over the last year about the general dilapidated appearance and untidiness of the Hospital. We intend to do something about this, with the ambition that over the next few years the Hospital will look as clean and as well painted as the Medical School, which maintains an excellent standard nowadays. During the next few months, the grass in the park will be re-seeded, the railings replaced and re-painted and the pavements will be improved. In addition, new refuse bins will be provided at strategic points and we are going to spend more money on decorations in the future than we have in recent years. Obviously the programme will take many years because our financial resources are limited. We have major problems with vandalism and security and therefore have reluctantly agreed to the requirement for all staff to wear personal identity badges whilst on duty in the Hospital. It would be greatly appreciated if anyone observing any suspicious behaviour contacts the Security Officer immediately. I would also like to appeal to your readers to help in keeping the Hospital clean and tidy both by picking up rubbish and by taking care not to add to the litter.

Yours sincerely,
C. CHANTLER
Chairman
Guy's Management Board

Miss Margaret Collins

Dear Sir,

Miss Margaret Collins will be retiring at the end of June 1986, after 37 years of loyal service at Guy's as secretary of the Anatomy Department.

There must be many of your readers who would like to contribute to a farewell presentation as a mark of their affection for and gratitude to Margaret.

Contributions towards the presentation may be sent to me before June 20th 1986 (cheques should be made payable to "The United Medical and Dental Schools").

Yours sincerely,
Professor MARTIN BERRY
Department of Anatomy

Dr. G. F. Masterman

Dear Sir,

I wonder if I might ask your assistance to trace any information you may have about a Dr. George Frederick Masterman.

The only concrete dates I have are that he qualified L.S.A., M.R.C.S., L.R.C.P. at Guy's Hospital in 1881. I am also told that he won first prize and a scholarship to Guy's in 1879 or thereabouts.

He apparently led a very adventurous life in the Army of Paraguay, sometime in the 1860's, and presumably came to Medicine late.

He was here as Medical Officer of Health to the Borough of Lower Mitton – now Stourport-on-Severn, and I have a copy of his full handwritten reports to the Council from 1880–1890. They are quite fascinating and show a doctor well ahead of his time with a great gift of accurate description both medical and as far as the local social scene was concerned.

My friend and colleague Dr. R. T. Taylor, M.R.C.P. of Kidderminster General Hospital is presenting a paper about Dr. G. F. Masterman to the Midland branch of the Royal College and I would be very grateful for any information you may have.

Yours sincerely,
Dr. J. T. N. WILLIAMS
Health Centre
Worcester Street
Stourport-on-Severn

If any of our readers can help, we would be happy to pass on any information to Dr. Williams – Ed.

Sport

INTRODUCTION

Incredible as it may seem, summer sport is with us again, even if summer itself doesn't seem likely to make an appearance just yet. The variety of summer sport at Guy's is such that anyone who wants to participate, or support, can easily get involved at a competitive or social level. Let's hope that enthusiasm is not dulled by the pressures of work.

The Summer Festival arrives slightly earlier this year, on 31st May. For those of you who do not know, entries for the 5-a-side Football competition and the Mixed Tennis should be in as soon as possible. As usual, a feast of entertainment is lined up, including for the first time, a parachute drop over H.O.P.

N. D. M.

RUGBY CLUB
TOUR REPORT EASTER 1986

Imagine, if you can, a tour of such proportions that up until the eve of departure nobody knew where they were going or against whom they were to play. Such tactics ensured that twenty-five good men of Guy's turned up in Spain with pockets full of French francs! But, dear – almost incontinent with excitement – reader let me begin to chronicle what on paper should have been a disaster but in practice turned out to be a roaring success.

27/03/86 Boland House 05.30 hrs.

Twenty-five hangovers assemble in various states of undress – all except Burt who appears to be on loan from Pierre Cardin's window display. L'addition had his 94th birthday the night before so bad breath was the order of the morning. "Twiggy A.K.A. the Pig" handed out air tickets, handbags, and insults as he quietly explained that we were in fact headed for Spain and not France as planned. Poor chap he was looking rather hounded without his guns. A sedate bus trip to Gatwick enlivened only by "Luscious Lips" who proceeded to colour-code and re-name the party in case of loss or accident. Arriving at Gatwick, Fatman, our glorious leader,

Guys
Hospital

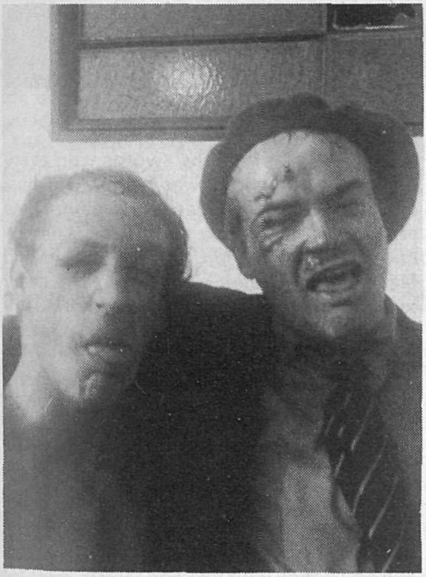
Assembled at Gatwick ready for the off

started to tremble, his fear of flying had surfaced, much to everyone's amusement. Quicker than "podgey Poole" could say, "I'm happy with that one", Orion Airways had deposited us in Northern Spain. A very dapper chap called Yvres, obviously a relative of Maud's, greeted us in a language that nobody understood. Regardless, we boarded his bus – neigh *(sic)* hotel on wheels – to begin our journey to Bordeaux.

Arriving at the frontier we stocked up with a few essentials i.e. 10 gallons of Pastis and 10mls of water. Passing through the spectacular Pyrennees, Buster, Zorba, and particularly Dummy began to fade whilst Brainstem and Plus Barbe began to shine. Two miles outside Bordeaux we were informed that a fixture had been arranged for that evening. "Quel surprise", muttered Maxine as he quickly selected a few lambs for the slaughter. One Prof. David, the head honcho of the conservation dept. at Bordeaux Dental School, greeted us and escorted us to the ground for the game against L'Ecole Dentiste. A slow start by Guy's saw the French students threaten their line repeatedly. Things began to look ominous, Beaucoup de Pastis in the old legs seemed to spell defeat for Guy's. But just when the French seemed to be getting on top, Guy's awoke and took control of the game. Two excellent tries from Lady Di and Giggles coupled with a conversion and penalty for Dog-lover saw Guy's lead 13–0. From there on Guy's were never seriously threatened. A consolation try for the French saw the game end 13–4 in Guy's favour. Our hosts then showed that what they lacked in Rugby prowess, they more than compensated for in hospitality. A dinner was given in our honour attended by the hierarchy of the Dental School, including their Dean. A positive orgy of food, wine and song followed, culminating in a welcoming speech from the Dean and the presentation of a bottle of Bordeaux's best to each Guy's player. On then to a disco where we entertained the girls admirably.

28/03/86

Emerging from our beds at the Hotel Ibis we ask, "Was it a dream? Did it really happen?" Just as we are beginning to doubt it in walks Prof. David to take us to his dental school. A quick tour of the school proved to be interesting and informative. Their facilities were positively primitive in comparison to those at Guy's and their approach to teaching seemed very casual. On then to the good Prof.'s office which resembled an off licence. Duly installed in the Cons Liquor Palace there followed more visits from the Dean who seemed genuinely pleased to see us! Paedo meanwhile was making brave progress with une jolie dentiste when the remarkable Prof. whisked us away and proceeded to buy us lunch. *Quel homme formidable.* After several raucous verses of goodness knows what, it was off to the vineyards to inspect the goods. A few languid hours of tasting followed before returning to our hotel to dress for dinner. The children i.e. Pinhead and Pissenlit played games in the car park until Rat-A-Tat decided to snog with some gravel. A quick stitching job by Dr. Twit and Nurse Horse soon restored Old Tomato Features to his former glory. Dinner saw the birth of the Carnage Twins, a duo to rival the Road Eaters of old, which probably explains why Old Glitter Gob was so quiet. The group split up for the evening to sample the delights of Bordeaux. The captain took an aerial view of things whilst Hosepipe, Snorky, Voyeur and Aux Rifles played silly games in a house of ill repute. Needless to say the evening's end saw 24 Guy's men safely back in their beds. Dear puzzled reader, should you wish to know who failed to wake up in his own bed just send cheques, postal orders or Pastis vouchers to me for a full report including photos! Needless to say he was very well dressed.



A sample of excess baggage

29/03/86

A tearful farewell is bid to Bordeaux. Great hospitality, and we won the match. Anything else will be a bonus. On then to Dax, to the aptly named Hotel Splendid. We checked in with a real sense of forboding. How long before they realise only half the group are house-trained? A penthouse suite for Burt and friends (maybe now he'll stay home nights) a Mini-Wembley for everyone else pleased the chaps. Lunch in Dax was a less than splendid affair, the main course consisted of lettuce. A big hit with Jesus but not so popular with Slaphead or Sipsflatbeers. L'Etoile de tour, realising that some of the shirts are becoming soiled, requests the colour coding of heads all around so within 10 mins Dax is sold out of berets. Another little surprise! Remember those boots with studs that we've brought with us? Well we get another chance to use them today. A match against Montfort is arranged for the afternoon. Our jolly driver informs us that Montfort are French 3rd division champions. Gulp! Time to break out the Pastis! Mong and Donkey try escaping but are quickly recaptured as 15 more lambs prepare for slaughter. The already sizeable crowd is swelled by the arrival of Prof. David with family and friends to cheer for Guy's. The opposition look keen and formidable, that is, all 36 of them do. Sixty-four seconds into the game and Guy's suffer a tragedy. Their immensely tall and powerful number eight has to leave the field with a damaged shoulder. No sooner has he left than Guy's concede a try. His replacement, the brave Burt, battles bravely until the miracle occurs. Snorky, following a light tap to the head, forgets who he is, and proceeds to play rugby for the first time in his life. The crowd rise to him, and the team inspired by his example begin to threaten the Montfort defences. Dipper crashes over for a fine try converted by Carnage Junior. Soon after that, the fattest man on the pitch and much beloved tour organiser, repeated the feat with a fine try in the corner that stunned the crowd into silence. Montfort with the use of several specialist teams raised their score to 12 points, but a late penalty from Junior saw Guy's win 13–12. "Maintenant vous parlez" said Dr. Twit, not for the first time on this trip, as the jubilant Guy's team posed for after match photos. One of the younger members was so overcome with the victory that Beaucoup de Pastis proved insufficient and moved on to various other fluid refreshments culminating in a quick dip in a nearby pool. (Punish him severely Sam!) A fine night's entertainment ensued with several highlights. These included a fine display of Sumo wrestling from "Tête Soleil From" who quickly explained to Dipper why he's called Dummy. Brainstem and Zorba with not a little help from Rag-Doll employed their rapidly developing surgical skills in demonstrations of breaking and entering. The night then begins to blur. Pool Mushrooms were born, Xenon gave notice to Liberace, Cleo disappeared shocked to discover who he really was and the Penthouse Gang had a few adventures.

Après beating Montfort. Victory is sweet and so is the beer

30/03/86

The morning clinic of Dr. W. Twit M.C.P. and his ravishing assistant Nurse F. Du Cheval saw the removal of half the litter of Dax from the foot of a deeply worried Shanks. Six stitches later and the excess baggage drinking team had swelled its formidable ranks. Mr. Amour, Buster, Horse and Black Cloud (when he was awake) were glad of the new arrival. After another lunch in "Chez Lettuce" we travelled somewhere or other to appease The Pig's thirst for killing. A gory bullfight was enjoyed by few until the organisers had to request that Roxy Dino kept his voice down, as it was upsetting the matadors. Cheers of "C 'Mon Bully", "Stuff the Spanish Git" etc. were to no avail since the blokes with the swords won every time. At least Twiggy was happy. Our final evening out in Dax began with a giant game of "Names of" in the penthouse. The Oxbridge crew of Paedo, Giggles, Mong and Maud demonstrated a remarkable inability to co-ordinate hands, voice, and thought, much to the amusement of Jesus our barman. The Pool Mushrooms retained their title amid lusty glances at the barmaid, and tales of "my athletic career to date" from "Griesjambon moi bateau de Noah". A final trip to the piano bar for drinks with the Dax band and the odd international hooker who insisted upon entertaining us. Mr. Plonker was heard to utter one of his two tour sentences before drifting off to sleep. We were all happy with that one.

31/03/06

After 2 hours sleep I'm gently roused by No. 42 who has kindly devoured my breakfast to save some time as we have a long journey ahead of us. A subdued trip to Bilbao sees Luscious re-stock with Pastis. Gentle sobs of, "Please no more, I can't stand it" permeate the bus as do several good impersonations of Black Cloud. Bilbao is gloriously sunny so it's two hours on the beach to gather our thoughts for a game against the champions of northern Spain. Their ground was not unlike the Somme on a good day, their team not unlike Nottingham, at least in terms of size. 15 dehydrated lambs await slaughter. The "excess baggage" lounge in the sun hoping for at least one moment worth photographing. A huge crowd of locals turned up expecting their side to continue a recent run of success. They had failed to recognise however that Guy's had a secret weapon in St. Terry, the patron saint of tours, who watched over us, kept us out of jail and hospital, and has seen us gain two victories. Back in Dulwich he'd dropped to his knees to lend a hand and prayed for a stirling effort – he was not to be disappointed. To quote *The Sun* "Guy's smashed 'em". Tries from Dummy, Brain Stem, Lady Di, Roxy and Hung-Lo accompanied 4 from Giggles, 2 from Kinda Lingers, and 2 from L'Étoile. A few kicks from Carnage Junior saw Guy's run out winners by 64–8. A wonderful exhibition of festival rugby saw tries come from kicks ahead, a juggernaut scrum, and runs of 90 metres or more. To requote *The Sun* "Them Spanish was gutted" or as *The Mirror* roared "Three out of three, *absolutely brilliant*". The Spanish were magnanimous in defeat and proved splendid hosts with food and beer in plenty. A few tears were shed as we prepared to leave for home and the end of a brilliant trip. Giggles in particular was most emotional.

We owe thanks to many people, especially Mike Seare who excelled himself in organising this trip. Thanks also to the Supporters Club for substantial financial assistance, to Yvres, our ever patient coach driver, to the French and Spanish for truly amazing hospitality, and let us not forget the famous 25 who proved once again that Guy's can travel abroad win games, have fun, and enhance the reputation that Guy's men already enjoy throughout the world.

Tour members

R. Docker (C), N. Poole, A. Watts, G. Meharg, W. Hogan, E. Chea, M. Seare, C. Beardmore, R. Bowskill, D. Flanagan, M. Hackett, S. Love, R. Dixon, P. MacKenzie, D. Vickery, N. Davis, G. Thomason, C. Wellsby, R. Thomas, M. Coleman, J. Barwell, P. Scanlon, P. Davis, M. Dinwoodie.

CELIA

ASSOCIATION FOOTBALL

Guy's 1st team v. U.C.H. (home and away)

Due to bad weather and rugby matches earlier in the season, both fixtures had to be played on the same day – but where? Either Guy's homely little stadium, nearby in London or U.C.H.'s windswept wasteland somewhere near the Scottish border. The solution a toss over the phone! Their idea so they toss, Skips readily agrees and calls "heads"; "tails" comes the reply – what a surprise, the boys pack their bags for Scotland!

Fortunately the day of the match brings better news (?). Guy's favourite ex-skip, Andy (Hyper-masseter) Jones returns to bolster a weakened midfield – and more importantly provide transport. After the overnight stop, Guy's reach Shenley without too many problems, only to be confronted by a very obnoxious groundsman. The Cat got "suitably angry" and it is rumoured, even swore at him which almost resulted in the game being called-off, and a 400-mile round trip for nothing. Fortunately "the Cat" demonstrated his higher intelligence and apologised so we were allowed into the shower cubicle – all 12 of us. The game started and after a disappointing opening we showed some signs of improving. The defence looked solid with Schaeffer, in particular, looking in command, the "Cat" was "suitably angry" and the midfield held their own. A probing run by Biswas Sr. resulted in a fine cross and Tucker sent a diving header flashing just wide of the corner flag. Skips had a jinking run at their defence and didn't score, and Biswas Sr. (again) was amazingly close. With seconds remaining, their left winger picked up the ball wide left ("handball" cried the Irish Fool), ran into the box to send an unstoppable shot into the roof of the net – Guy's lose 1–0!

Having lost the away fixture, Guy's start the "home" fixture absolutely knackered! Biswas Sr. had left to go to a marriage in Brighton (Schaeffer spoilt an otherwise faultless afternoon by congratulating him on his good fortune – surprisingly, that most gullible of men Skips was not fooled) and was replaced by Hypermasseter. The "home" fixture followed the same pattern of the away game. Guy's again played well and were unlucky when Jones went close after a fine run. Unfortunately, the scoring followed the same pattern as well. In the dying minutes, Passenger (due to a severe lack of oxygen) couldn't keep up with his man who was allowed a free header to win the game for U.C.H. The boys were justifiably disappointed except for Tony who was "suitably angry".

Passenger

---

100 (fizz) effortlessly and errlessly. To the lullaby of "My hamster's got AIDS" by "the Amazing Profiglianos" the Spiros eventually slept for an hour, to then wake for their last game of hockey and a peaceful journey home.

Monday

Still, although a little hoarser, the cocks crowed to waken the Spiros that remained. All bright and fresh, we were ready for the last game of this, the "Gone Too Soon Tour". With numbers down to a bare minimum, tactical decisions had to be made. Armitage should surely be our umpire, replacing Le Chapeau who had been promoted from Tree Frog to player/goalie. Armitage played a blinder along the line with his whistle. Each time he blew up it was either half-a minute after, and agreeing with, the other umpire or he waited for her to make the decisions once he had blown up. Tactic number 2, which would surely have massive advantages, was to play to music, like children dancing along with Andy Pandy. However a joint decision by their umpire prevented this; surely a point which must have been reflected in the final score. Some excellent attacking play was made in the midfield by our International ringer – "Fashion" from Belgium. The opponents, the Barumites, obviously knew how much hockey this boy had played, but were clearly put off when he responded to their shouts of "Coming through to the left, winger's ball" with the even louder reply of "I think not – actually" as the ball disappeared to their left wing. (This was the last time I.M. Fashion was ever seen or heard.) He failed, despite his chants, to score but left this task, yet again, to Black Bottle. His goal in the last minutes of the first half surely made the score more respectable. A second Spiros goal came later with the Fish succeeding in his first and only goal of the tour. From deep within the "D" the ball was swiftly fired towards the rather bemused-looking Fish who, with nobody around him for yards, took the ball with incredible accuracy on his left foot and kicked it straight into his own goal. Not very clever. The final score 5–1, a score which surely didn't reflect the speed and agility with which the Spiros played. However this was surely a moral victory to the better-looking side: the Spirochaetes. With "three cheers" to the team and the green hills of Painta and a final emotional farewell to our fine hotel (the very finest castle in Painta) it was off for the journey back home. Would there be a traffic jam this time? No! However Armitage and Elwood thought that there was one at Bristol, and nearly had to walk all the way home. Le Chapeau was voted the most *un*popular man on the journey back, for drinking his own bathwater and insisting that passing a bucket means exactly that! He did, however, provide a gem of a hoot when he went for his first bath on tour with Armitage. Surely they were now the tallest, shortest, cleanest, wettest Spirocars in Bermondsey.

Eventually and eventfully, the Spiros returned, overtaking Thug and Tyla (who had left 2 days earlier) on the motorway, with their broken drive shaft. Five days later (yes that's all it was) and just a year to recover until the next tour – to find "the point". A record-breaking tour with 6 moral victories for, 6 draws against (goals against the Spiros don't count), 4 goals for (7 including own goals), 38 against. These figures surely don't reflect the effort and skills which *really* were shown by the Spiros at times.

"Why are we here,
What's it about,
What *is* the point?"

Next year these questions *will* be answered in the "Search for the Point tour". Until then . . . Goodbye.

N. Copresis

of Government defence cuts! It was finally time to say hello, and goodbye, to Liam, Thug, Tyla and Seagull. Prior to the Spiros penultimate match, it was off for a test of driving skills on the "Go-Kart skid patch". A.S.H. caused many a pile up trying to copy Judges' efforts at pushing his car around the track. Le Chapeau should have picked a car with brakes, and Seagull should know the drink-driving limit by now!

So it was finally off to that threatened hockey match vs. the Crows. Semidarkness, who *still* hadn't scored (Get it right Ed!) finally got his chance. This (?) man, who is normally so firm in defence, scored what was, undoubtedly, the goal of the tour so far. O.K., it was completely brilliant and how he got his stick to the ball amazed all; but next time perhaps it could go in the opponent's goal and not ours! Yes his second own goal soon came. The match went well with only "the Tree Frogs" being beaten by the bearded, balded, big beer bellied, bottom burping, brummie. A moral victory for the Spiros after a fast moving and exhilarating game. And the score – who knows? Possibly 6–0. Never mind.

Why is it that all the nice ale houses these days have to be ruined, by the penny-seeking parasites of society, who insist on converting comfortable character houses into something resembling a Berni Inn tardis complete with piped in music, so that it's like having a beer in an elevator? This was repeatedly found (twice) in Painta on this "gone too soon tour". However it failed to lessen the experience of the cocktail party on this Easter Sunday. It was pleasing to see a voiceless, and apparently now baby-less Old King Cole, who had at last arrived in Painta – only to set up a riot amongst the Spiros over what were undoubtedly the worst ties I have ever seen. It does seem a shame that there were only 3 votes for the "F.R.E.S.H.E.R." cocktail for "the Unknown Dentist". Perhaps the landlord's negative attitude towards the further development of the science of cocktail-making would have prevented the formation of a "F.R.E.S.H.E.R.", but I still believe that it would have been interesting to go for it. In revenge, A.S.H. found a new hat; an outstanding achievement for a boy who had been scientifically established as being void of a C.N.S. A.S.H. successfully proved this himself, at the next venue . . . the inevitable Sunday curry. "Boof Corrys" all round please, 100 pompadoms, and *NO* Chateau Sarsons thank-you very much. Semidarkness and A.S.H. were about as useful as an ashtray on a motorbike. The former successfully found the serious table with Kermit, Albino and 2 Mouths. Meanwhile in the distance three-man alternating games were being performed, completely oblivious of the well-executed Commando raid by Elwood (to find the Libyan source of Chateau Sarsons).

. . . *Spiros Humming Practice* . . .

The Spiros' last night in Painta was very nearly over. The journey home was a rapid Chariot race with only Mime stopping off for "a breather". On this, our last night, it seemed reasonable that the Spiros should invite the Lancets home for a quick Horlicks before tucking up. For some, the 5 games of hockey seemed to have taken their toll already, and some Spiros couldn't even stay up for a quick Hot Choc. Did Mime really think that we all believed he was "just going to put his coat away"? In the dying hours of our last night, it soon became obvious that B.J. had fallen in love with the footballing brummie, simply because he could play games better than Cole Minor and Seagull. Meanwhile, however, a totally unimpressed Old King Cole made a one-man demonstration, and sat in the corner playing "fizz-buzz" with himself, and apparently reached

After returning from Cocktails with the Mayor, the bad news of the day was slowly and carefully broken to Skip. Firstly, Albino, another Ex-Spiro captain, had appeared boosting the number of Spiros to 16; secondly Jake and Elwood (The Blues Brothers) had disbanded only to be surpassed by an act of Excabiler (the worst news of the year). Barry Macorkrane, the man they're all calling Armitage Shanks, was born in a small, dirty shed on the ground floor because there was no room in the Hotel.

The Mayor of "Painta" receives a 3-gun salute

With spirits and morals reaching a deep trough (at the thought of the birth of Armitage) the Spiros prepared to meet with the 71st Lancets at the V.&A., guests at their A.G.M. Yet again the Spiros were very grateful, and honoured, to be able to sit at the same table as their fathers, the 71st Lancets. It was with some disappointment however that the absence of "Old King Cole" and the old oak table were noticed. The former was apparently baby-sitting and the latter was found with legs removed and nailed to the wall. Or was it the other way round? "What is the point" of nailing a table to the wall? The landlord assured me it would be returned in one piece to serve its normal function next year, so watch out new Skip. As Fewster joined the table after his "tête-á-tête" with the wildebeeste of the wall, the table was finally complete and the Last Supper could begin. The evening went well with fine displays of the irate Al Pacino, break dancing, fire eating and the occasional petit mals all round. Three events will remain especially memorable for an eternity. These are, of course: 2 Hats' poets' corner with a wonderful little ditty about the Spiros classic Willy Hats. In return the Spiros provided the "Alternative National Anthem" which went down far too well. This song went straight to Number 1, and is now available on floppy disk. Most unmemorable, for the two junior Spiros, was their initiation in front of such huge crowds. First came the Seagull with a superb recital of the Welsh national anthem, sung in Russian. This was followed by a similarly spectacular display with Fashion singing Swannee River in Polish, complete with his pipe. May you both be congratulated on your successful initiations, and we look forward to seeing you both at future Spirochaetes events including, of course, the many tours in the future.

The evening apparently soon ended and it was back to the hotel, all 25 of us (plus 2 ectopics) that were to be the downfall of Kermit McDog. With only two games left to play, the Spiros soon returned to their pits for a quiet hour's sleep before breakfast. Why was it that the Albino repeatedly paid £9.20 to sleep on the floor?

Sunday

Those that rose on this most beautiful of Sunday mornings were pleased to hear that we had the morning free of any hockey, our first "rest" for 3 days. Kermit McDog and Miss Piggy could thankfully not be seen anywhere. Meanwhile, whilst everybody had put their clocks forward one hour, the Albino had decided to turn his back . . . 6 hours.

The morning saw a tearful presentation of Easter eggs to the hoteliers' children (each egg engraved with "can we please come back to the same hotel next year?").

Prior to our afternoon match only two appointments remained. Firstly fluid and electrolyte balance at the Wassermans Arms where, despite our lateness due to the uncharted territory, Excabiler found two true Spiro supporters with their blind guide-dog. Along to the chorus of "My name is Cecil", the Falkland Islands (now a large iceberg) were conquered by only 3 people as a result round at half time as well as the ends of the pitch?) Enter our secret plan of defence, a move which really paid off. The final score . . . 7–0. Moral victory to all of the Spiros, except possibly to Fashion. How is it that a *Greek God of such athletic prowess could be* so heavily outplayed by a 4-year-old girl? Could Cole Minor's game really have deteriorated so much in just 2 hours! Yes.

That evening 4-year-olds were forgotten about as we all went out to hunt for new replacement players. And what a coincidence – McPuke and A.S.H. just happened to be waiting for us, too early, and at the same place we just happened to go to. Also by coincidence Thug and Tyla happened to appear, but too late. Our presence was also graced with a Welsh singing "fresher" with a Seagull for a cerebral cortex. Could this possibly explain his complete ineptitude at playing any kind of games, including that difficult one called "We will now count to 4"?

Traditions were slightly altered that evening, as a small group turned to mutiny. It is understood that they went to a groupies' evening out in a Space Shuttle. Somehow they got back, with stories of how Fashion could only come 3rd in a can-can contest, when our very own Elwood Blues was Judge. The Irish Fool must be congratulated on coming 7th in the 4-man race! Meanwhile, back at the ranch (with a quick visit to *the* Bank, Newmarket and only the Fish taking to water like a fish) "traditions" were followed by the more numerous and experienced Spiros. We were honoured that night with a visit to our hotel by our Fathers – the 71st Lancets. Perhaps Cole Minor and Seagull ought to play games together?

Saturday

Those that got to Breakfast that same morning were treated to an excellent poem recital of "The Haematemesis according to Judge". It was decided that the team tactics for the morning's match against the Midwives should be unchanged, a policy which payed off as yet another moral victory was gained for the Spiros. The score was mistakenly reported in all the national press as 6–0. The match was eventful and very enjoyable apart from an act of hooliganism by a fat, balding marshmallow and Ms. Greenham Common, who decided that they would invade the pitch and try to terminate what was, for both sides playing, a very enjoyable match. Elwood's comments in the ensuing discussion were of Shakesperian quality but unfortunately unprintable! It is only hoped that these squabbling Geriatrics behave themselves in future, and that they are beaten by the Spirochaetes at hockey next year, thus adding insult to insult!

Lunchtime at Newton Abbot contained all the thrills and spills that the traditional venue always holds. Yet more records were broken, this time a one-man effort by an ex-captain, who it is understood can definitely count to 11 in 1 but no further. Our presence was also blessed with a visit by none other than Bob Hope who, for some unknown reason, was extensively photographed by creatures the likes of which would soon be the downfall of McPuke. Is mead medicine, murder, or just a cure for lacerations above the eye?

That afternoon, while Excabiler slept, the Spiros played probably their best game of the tour, which coincidently happened to be against the Whittingtons – the side representing *our very own Hockey Club* Presidents' home club! During the first half we attacked uphill, reasoning that life would be easier when we could discard our axes, ropes and crampons for the second half. However on this day mud, the result of a whole year's rainfall in one place and in one weekend, proved to be the most limiting factor which quite frankly cramped the style of the Spiros. So bad were the conditions that the goalie, Le Chapeau, refused point blank to stand in the goal. Fish however (like a fish to mud) kicked the ball at least a dozen times on his own goal line (but only giving away one penalty flick). Meanwhile Tyla swam in the mud like a wallowing elephant. The worst crime of the whole match was that of the Thug; a man who only hits the ball once every festival and even then by accident. Somehow he put the ball in the back of the Whittingtons net, to give the Spiros an unheard-of goal. This apparently unbelievable event was a genuine, 100° proof goal – and another record broken. (A live satellite link from L.A. Stadium, Sheffield will permit Thug to talk us all through this goal at the Hockey Club A.G.M.) The final whistle and a 4–1 moral victory for the Spiros. This was an exceptional result considering the limiting conditions, which reduced the standards of our stick work even lower, and the fact that the Whittingtons only played 10 men while we had a substitute simultaneously playing with the other 11 men. After the match the atmos*phere was electrifying. Surely we were more* experienced than to nearly win.

. . . Spiros Choir Practice . . .

were Spirochaetes – weren't they?). The match against the Seasiders was played in the usual spirit of the festival. There were some excellent skills of stick work demonstrated throughout the game on the left wing. Unfortunately our right winger could not compete with this spectacular display and so their winger slipped through our solid defence into our D for a crack at goal on many occasions, every one being unsuccessful except for 10 of them. Superb goalkeeping on the opponents' part was the only defence that they had to prevent the Spiros slipping more than 3 goals past them. Was this yet another record; had the Spiros really ever scored 3 goals in a whole tournament before, let alone a single match? Cole Minor scored what was all-in-all a pretty average goal that was well deserved; Black Bottle and Elwood getting the other two outstandingly pretty average goals. The final whistle blew just as we were once again in their D for another crack at the net, which would surely have missed. The score 10–3, and definitely a record-breaking moral victory to the Spiros, who were also definitely the prettier side on the pitch.

After some light refreshment at the London Inn, the exchange of our two ringers for two fresh ringers, a parking ticket, a session of bingo, and a search for the strongest Jake in the World breaking his own weapon, it was off for yet another hockey match. The oppo . . . the Severnsiders, at none other than Victoria Park, the Wembley Stadium of Painta. This justified a special team chat from Skip, to explain the special tactics necessary in times of pressure such as this. It was decided that our usual 5.3.2 attacking field should be modified into the more defensive positioning of 0.0.11. It was interesting to note that this field change was obviously a valuable saving grace, now adopted by the England cricket team. The team was (?) boosted by the arrival of Two Mouths who eventually managed to lower himself to play for us. At half-time the score was 7–0. (Why don't we swap the scores

Thursday

The minibus, more resembling a donkey than a reliable sherpa for 15 men, women and children, was picked up on Easter Bank Holiday Thursday as the sun and rain rose on the Eastern (no pun!) horizon. Very soon it was adequately stocked with liquid and literary refreshments, to prevent the minds of the highly tuned side from stagnating as we meandered slowly through the traffic jam from London to Devon. Barry Macorkrane, the man who was on this tour to be temporarily known as . . . Barry Macorkrane, only just delivered the "coach" to the team, and in a couple more pieces than it had been when it was picked up! Was it really possible that it had had a Close Encounter of the only kind with a brewer's drey, or had the coach learned "to split by binary fission"?

"It's been tradition for years" that the selected team always meets in a certain establishment, nearish to alma mater, on this Thursday of Easter weekend. Behind many of them are years of experience and training for what lies ahead. Ahead of each one will be periods of tribulation, triumph and torture as each attempts in just 4 days to play six games of hockey of the highest standards. Each one understands, or will soon understand, what is meant by pushing their bodies to the limit – for these *are* the Spirochaetes.

As Skip arrived to meet the side his face looked visibly saddened as he counted on his toes while silently shouting for "HELP" (. . . .) the huge numbers of only nine "players". Surely he was more experienced than this; where was the team chromosomal abnormality, was he really called Dave Carruthers (thanks, hope you had a pleasant time at home!)?

Where also was Black Bottle, the sherpa who was, only 15 minutes ago, seen moving towards his team mates at the speed of one of Bernard Manning's farts? However, smiles were soon brought to Skip's face as he saw in front of him an army of complete buffoons, all dressed to kill with laughter. Would the Blues Brothers ever smile, why did Vivian smell of fish, what was Mime *pertiyning*, why was the Irish Fool copying Fashion and not wearing a tie and why was Le Chapeau still taking exams and trying to think of just one cause of a "big liver"? Events proceeded, and with 3 minutes until take off Black Bottle *still* hadn't arrived. Could we possibly persuade Barry Macorkrane to stop shouting "HELP" at beer glasses in his operatic fashion and drive? No. By some stroke of luck (?) Black Bottle arrived with Le Chapeau under his wing, fresh from another exam. We were finally ready to leave for Painta. A last minute 'phone call to the AA was made to check that we could take the most out-of-the-way route, with the longest traffic jam known in the history of Mankind. It was confirmed that 150 mile tailbacks and delays until 1988 were inevitable. *Completely brilliant.* But what happened to them? Like a BBC weatherman the AA were completely wrong. The first record was broken on this, the record-breaking "gone too soon tour". Never before in the history of the Spirochaetes have they arrived at their destination before 1.00 a.m. on the Friday morning. However, at 9.00 p.m. our arrival at the castle, which was to be our home for the next 5 days, was a complete shock for our hoteliers, ourselves and the driver who wanted to do a lap of honour, and worst of all to the natives of Painta: for they would have to be our hosts for 4 hours longer than normal. But what would we do in these extra hours? Tradition has always stipulated that they be spent in a traffic jam on the motorway *not* at the seaside. There was no real question to be answered and so, like metal to a magnet, the Spiros headed towards the obvious; the beach to make sand castles and throw stones at the seagulls! Once again Barry Macorkrane demonstrated his skills at breaking wine glasses, and friendships, in his usual operatic style. Why didn't they believe that he really is a doctor? Homeward bound ran the Spiros, back to their beds and sweet dreams of Greek Gods racing up Painta's pastures brown.

Friday

As the cocks of Painta crowed, the Spiros arose from their pits with their sticks in their hands ready for their first game of hockey. But wait. During breakfast the Spiros had a personal invitation from the Mayor and his wife (who coincidentally was a Mayoress) for a breakfast-time aperitif with Miss Torbay. We were pleased to accept this offer and, having bought some souvenirs, saluted in an appropriate manner as the Easter Hockey festival was officially opened by the *Mayor, with background mumblings of* "Why is Miss Torbay's runner-up so much nicer?" Excabiler was born!

On for a game of hockey went the still smiling rabble with two ringers (who weren't really because once upon a time they

THE SPIROCHAETES' "GONE TOO SOON TOUR" 1986

Glossary of terms:

Armitage Shanks – Ed Rytina
A.S.H. – Phil Atherton
Barry Macorkrane – Ed Rytina
Black Bottle – John Black
Cole Minor – himself
Fish – Mark Pritchard
Gas Ali – Chris Ali Baba
I.M. Fashion – John Cieslicki
I.M. Mime – Tony Gardner
Irish Fool – Gavin Shannon
Judge – Chris Pocock
Kermit McDog – James McPeake
Le Chapeau – Richard Capp
McPuke – James
Seagull – Richard Cowell
Semidarkness – Navroz Masani
Elwood & Jake Blues – Nav & Chris
Thug – Mark Scriven
Tyla – Bob Taylor
Two Mouths – Andy Jones
David Carruthers – ABSENT

For reasons of state security, this report is written in the form dictated by "traditions" now established and upheld by the Spiros for decades; unintelligible, untrue and unimportant. *(And upside down! – Ed).*

In a similar style, total anonymity is maintained throughout, except for Dave Carruthers.

The Second Annual Surrey University Parachute Competition

Headcorn Parachute Club, March '86

There was a sense of resigned defeat amongst the parachutists who gathered at Headcorn Airfield in Kent, for the registration and briefing on the first morning of this year's week-long S.E. Collegiate parachute meet. Memories of last year's stormy weather and the eventual abandonment of the competition, must have been in the front of everyone's minds as the organiser, Surrey University's Steve Leavens, attempted to detail the timetable against a background of 70 mph winds whipping around the hangers.

By lunch, reports were coming in of chaos across the country, with gale force winds predicted for several days; and so, after a mass meeting in the Bell public house, the team from Guy's (some nine strong) returned to London, hoping to return with the expected break in the weather.

Tuesday dawned and the more experienced parachutists gathered in what seemed better conditions – again to be disappointed. Much to our amazement, half an hour after the first lift had been scratched due to the weather, the start of an accuracy competition was announced!! It turned out to be open to all-comers and was fifteen jumps off the parachute landing simulator into a gravel pit some fourteen feet below!

In howling winds the first, and as it happened only, open accuracy contest was completed in record time of just over two hours; Adrian Simons from Guy's showing fine style, back-looping through the risers and finishing second.

Guy's Close Formation drop over Headcorn

Soon after this, Tuesday's events were scratched and the team dispersed back to London or to the local pubs.

Wednesday brought the promised break in the weather and by nine o'clock the first round of the novice round canopy accuracy competition had been completed. Soon after this the winds picked up and the skies emptied of all but those collegiate parachutists jumping square parachutes. It was decided, therefore, to hold a launch and accuracy contest (L.A.C.). Each team (of three people) was required to launch a formation from the aircraft and hold it, stable in free fall, for the judges to see from the ground (see picture). On breaking up the formation and deploying canopies, their job was to land as close to the centre of the pit as possible.

Adrian Simons joined a team from Southampton University in order to enter a scratch L.A.C. team, but Geoff Tothill had to abandon the competition to seize the opportunity to complete the category system by closing 4th on a formation in free fall. The arrival on the drop zone of our instructors, Mel Cooch and Tim Andrews (and friends), meant that after several rehearsals on the ground Geoff became Guy's first Cat 10 parachutist, by docking on a five way 7000 ft above the airfield. (*What? – Sp. Ed.*)

Thankfully, the weather held for the whole day and the L.A.C. teams completed all three rounds of the competition – the blustery conditions causing havoc with the accuracy, with canopies and parachutists all over the drop zone.

By the evening the L.A.C. results were known – Adrian and the Southampton team had won the free fall section, but had been beaten overall by the Southampton A team who had produced better accuracy.

Thursday's weather put a stop to any more jumping and an attempt on the student free fall record was postponed. Instead, an attempt to build a human pyramid in the accuracy pit was made. This achieved, goodbyes were said and the second Headcorn meet drew to a close.

Thanks to everyone who made the event such fun, despite the small number of jumps done. Special thanks must go to all the team, many of whom were grounded because of the weather, and the mystery supplier of large numbers of orange jellies laced with Vodka (much thought of at the celebration party on Wednesday night!).

Last, but not least, thanks to Steve Leavens for organizing the event – perhaps next year we will be lucky and go for the week in March without the hurricanes!!

Geoff Tothill

BOAT CLUB
SPRING TERM REPORT

The boat club resurfaced this term with the exception of four unlucky members, who decided that a search for a lost pair of glasses might prove more fun. It didn't. Swimming in the Thames doesn't lend itself to very much at all, except hypothermia, as the shivering quartet soon found out.

On to the more serious business, in March, of the U.L. Head timed race from Putney to Mortlake. Despite the desertion of the Welshman, who had sought refuge from the cold in Chichester, four crews – two Men's and two Ladies' – had been thrown together. Our leader came back to the cold, but refused to row on the grounds that he couldn't remember which end of the oar to hold and which to dip. Gallantly he agreed to cox the Ladies' 2nd boat, inspired by his predecessor of two years ago, who came out of retirement to cox the Men's 1st crew. Unfortunately three of our hastily assembled crews succumbed to the elements and the lack of practice, as they failed in respective struggles for glory. The one glowing exception was the Ladies' 1st crew, who were far too macho to be troubled by the snow, and cruised to victory in their event. Needless to say, their victory was celebrated in as fine a style as that in which they had rowed.

Two weeks later the circus moved to Kingston Head. This time only one men's crew was entered. Late additions to the crew included the Welshman (now miraculously recovered from his amnesia, no doubt from the sun) and the anti-Social secretary, the latter standing in for our stalwart no. 6 who said he had to attend his brother's circumcision, in order to avoid similar treatment (or possibly worse) from his mother. Starting at 103 out of about 150 the first half of the race was rowed like a dream. Unfortunately Al's complaints about the seating arrangements woke everybody up and the blistering pace could not be maintained, as fatigue set in. Cries of "I can see the finish, chaps" by the cox, with one of the four miles still left to go, left the crew a little disheartened towards the end of what had now become an untidy outing. The final position did justice to the lack of discipline and fitness in the boat. "Still", we thought, "there's the Head of the River race next week".

Next week arrived. Simon's mother allowed him to turn up for this race, but only on condition that he did not drink any alcohol, and was in bed by ten. In celebration of this, half of the rest of the crew went ski-ing. Able replacements were found including the now re-bespectacled vice-captain, who was at last ready to come to terms with his fear of water, and a bowman who gave the phrase "Having a leak in your

The Professionals in Protection

Founded 1892

The Medical Protection Society

50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: 0532 442115

wellington" a new meaning, much to everybody's disgust.

The race started off at a more realistic pace than at Kingston, hoping to avoid the "burning-out" of the previous week. The desired effect was achieved, but this time perhaps we were a little too conservative, and as well as not being able to catch the crew ahead of us, we were overtaken by the crew behind. Our crew rallied slightly at the end of the race, due more to a lone shout of "come on Guy's!" from Hammersmith bridge (our thanks to the anonymous young lady) than any quality inherent in the team. However, this still was not enough to prevent us finishing well down the field of four hundred, rounding off the term in rather disappointing fashion.

Crews: Men's 1st – S. Khakoo, A. Ward, S. Moore, T. Rose, E. Read-Ward, J. Knighton, C. Peebles, P. Barnes, A. Brown, S. Andrews, S. Huins, D. Quick, I. Harris.

Coxes: M. Fleminger, H. Forbes.

Men's 2nd: R. Scadeng, A. Sponge, M. Newns, D. Quick, K. Powell, A. Goode, D. Maudigill, N. Yardy.

Cox: S. Meissner.

Ladies' 1st: H. Palmer, M. Young, G. Skailes, S. Robinson, Stephanie, C. Barnwell, C. Pearson, H. Forbes.

Cox: Alison.

Ladies' 2nd: K. Eccles, M. Whittle, S. Duncan, Lynne, S. Cuffin, S. Luen, J. McCurrick, L. Hunter.

Cox: A. Brown.

Sik of the
Boat Club

Hospital Information

PAPERS BY GUY'S PEOPLE

Allan, L. D., Crawford, D. C., Sheridan, R. and Chapman, M. G. Aetiology of non-immune hydrops: the value of echocardiography. **British Journal of Obstetrics and Gynaecology**, 1986, **93**, 223–225.

Amlot, P. L., Hayes, A. E., Gray, D. and others. Human immune responses in vivo to protein (KLH) and polysaccharide (DNP-Ficoll) neoantigens – normal subjects compared with bone marrow transplant patients on cyclosporine. **Clinical Experimental Immunology**, 1986, **64**, 125–135.

Ashraf, J. and Fentiman, I. S. Conservative treatment of early breast cancer. **British Journal of Hospital Medicine**, 1986, **35**, 263–265.

Blanchard, T. J., Poston, S. M. and Reynolds, P. J. Recipient characteristics in the transduction of methicillin resistance in staphylococcus epidermidis. **Antimicrobial Agents and Chemotherapy**, 1986, **29**, 539–541.

Bouras, N., Vangar, P. and Bridges, P. K. Marital problems in chronically depressed and physically ill patients and their spouses. **Comprehensive Psychiatry**, 1986, **27**, 127–130.

Challah, S. and Mays, N. B. The randomised controlled trial in the evaluation of new technology: a case study. **British Medical Journal**, 1986, **292**, 877–879.

Challacombe, S. J. Haematological abnormalities in oral lichen planus, candidiasis, leukoplakia and nonspecific stomatitis. **International Journal of Oral and Maxillofacial Surgery**, 1986, **15**(1), 72–80.

Diplock, A. T., Watkins, W. J. and Hewison, M. Selenium and heavy metals. **Annals of Clinical Research**, 1986, **18**, 55–60.

Ellis, F. G., Marvasti, A. and Shaheen, J. S. Thryotoxicosis: gross acropachy and pretibial myxoedema. **Journal of the Royal Society of Medicine**, 1986, **79**, 170–171.

Fentiman, I. S., Miller, N., Millis, R. R., Hayward, J. L. and others. The significance of supraclavicular fossa node recurrence after radical mastectomy. **Cancer**, 1986, **57**, 908–910.

Fogelman, I., Maisey, M. N. and others. Radioiodine treatment of solitary functioning thyroid nodules. **British Journal of Radiology**, 1986, **59**, 385–387.

Grahame, R. Rheumatology and the general practitioner. **Practitioner**, 1986, **230**, 315–320.

Lewis, B. The appropriate use of diagnostic services: (vii) The investigation of hyperlipidaemia: Why, how and for whom. **Health Trends**, 1986, **18**, 1–4.

Sladen, G. Uncommon gastrointestinal diseases. **Medicine International**, 1986, **27**, 1122–1128.

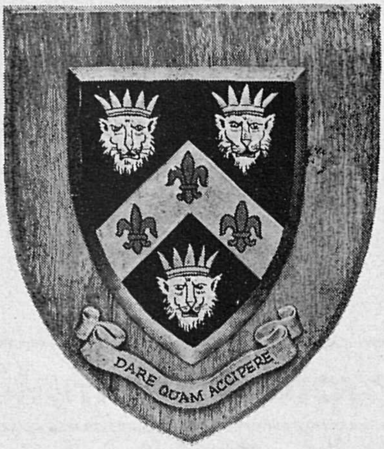
Vakarelis, B. N., Paul, E., McDonald, W. I., Batchelor, J. R., Mims, C. A. and another. Viral infection in patients with multiple sclerosis and HLA-DR; matched controls. **Brain**, 1986, **109**, 325–344.

Viberti, G. and others. Progression of subclinical polyneuropathy in young patients with type 1 (insulin dependent) diabetes: associations with glycaemic control and microangiopathy (microvascular complications). **Diabetologia**, 1986, **29**, 156–161.

PERSONAL

DISCREET BREAKS in historic Lewes. Bed and breakfast in 16th century house. Four-poster bed, own bathroom. Convenient for Glyndebourne. £14.50 per person per night. 'Phone Lewes (0273) 475631.

Guy's Hospital Gazette



High quality Shields, available only from the Gazette

Cost £15.00 (+ 50p p & p)

ORDER FORM

Name ....

Address ....

....

Please send me.........Guy's Shields at £15 each (+ 50p p. & p.).

I enclose a remittance of £.................

To: The Manager, *Guy's Gazette,*
23b St. Thomas' Street, SE1 9RT.
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. *9 a.m.—5 p.m.*

Guy's Hospital Gazette

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITOR	THOMAS BRINK
ASSISTANT EDITORS	NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITORS	JONATHAN CIESLICKI AND JEREMY GREGG
SPORTS EDITOR	NAVROZ MASANI
PHYSIOTHERAPY CORRESPONDENT	RONALD COOPER
MANAGER	SYLVIA RODD

Contents

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

	Page
PASSIM	187
NEWS IN BRIEF	188
'GREASE – THE STAGE SHOW' by our Theatre Correspondent	195
HEALTH CARE IN NICARAGUA A PERSONAL VIEW by Mark Beesley	197
MEDICAL PROBLEMS IN THE THIRD WORLD PART 1 by Marcia Hall	201
MICHELET	207
DENTAL NOTES	210
NURSING	210
PHYSIOTHERAPY	211
BOOK REVIEWS	213
CORRESPONDENCE	217
SPORT	219
HOSPITAL INFORMATION	225

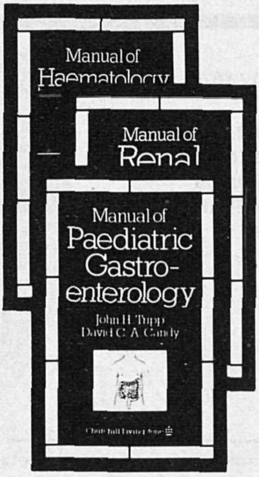
JUNE 7, 1986 VOLUME 100 NUMBER 2363

Published Monthly at Guy's Hospital, London. All rights reserved.

Pass your exams with Churchill Livingstone

The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.


Manual of Haematology

Manual of Renal

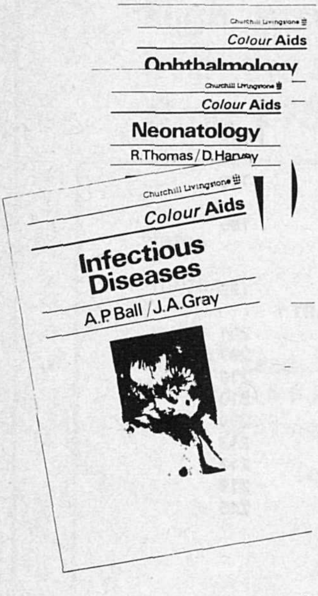
Manual of Paediatric Gastro-enterology

John H Tripp
David C A Candy

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll

Colour Aids


Churchill Livingstone
Colour Aids
Ophthalmology

Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey

Churchill Livingstone
Colour Aids
Infectious Diseases
A.P.Ball / J.A.Gray

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.

***Colour* Aids** are unique because:—
- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

Learning the Hard Way

Once again students all over the country and at Guy's are either through their exams, in them up to their necks or nervously awaiting the dreaded deadline. Thankfully they have such delights as the World Cup, Wimbledon, Sport Aid and a Test series to help keep them at their books. Numbed by the competitive impetus, so much a crucial facet of our education system, many will wait to be scared into action. Teachers at all levels despair at the lack of knowledge and the unpleasantness of bringing awareness of this to countless harried pupils.

Here, as at all medical and dental schools, examinations occur with metronomic regularity. Could it be that the process of revision has become so geared to the type of examination faced, that the selectivity of the "test" does not reflect the potential of an individual? Perhaps the philosophy that "whoever copes with the rigours and stresses of the medical or dental course must be a good doctor or dentist afterwards" is out of date. Does it reflect the most profound inadequacies of the "Darwinian" direction which education in Britain is encouraged to follow? Let us hope the blinkers they give us next time will be see-through.

Facelift Delays

The welcome extended to patients attending Guy's is no longer the simple guarantee that they risk being rocked off their feet by a stray gust of wind as they negotiate the "catwalk" from London Bridge Station. Nor is it limited to the dust and litter which mischievous air currents stir up in the Great Maze Pond, no! Nowadays, the natural worries of patients under treatment are compounded by hazards encountered at every juncture. The scenes at the ground floor of the Tower during the rush-hour are desperate. Confused by the open doors of a non-functional lift, patients are rapidly reduced to "lost sheep" status (unless they have made a hobby of studying "lift behaviour" over the years). In fact since the laying-off of the on-site Lift*ologist*, Lift*itis* has become an increasing problem; now outside help has to be called whenever (and it is often) a fault manifests itself.

Delayed Apology

Many staff at the Hospital were made to wait for a fairly long interval before their copies of last month's *Gazette* arrived. This was due to some confusion at the Office with provision of 'wrappers' being omitted for Guy's staff. Apologies are extended for this administrative hitch.

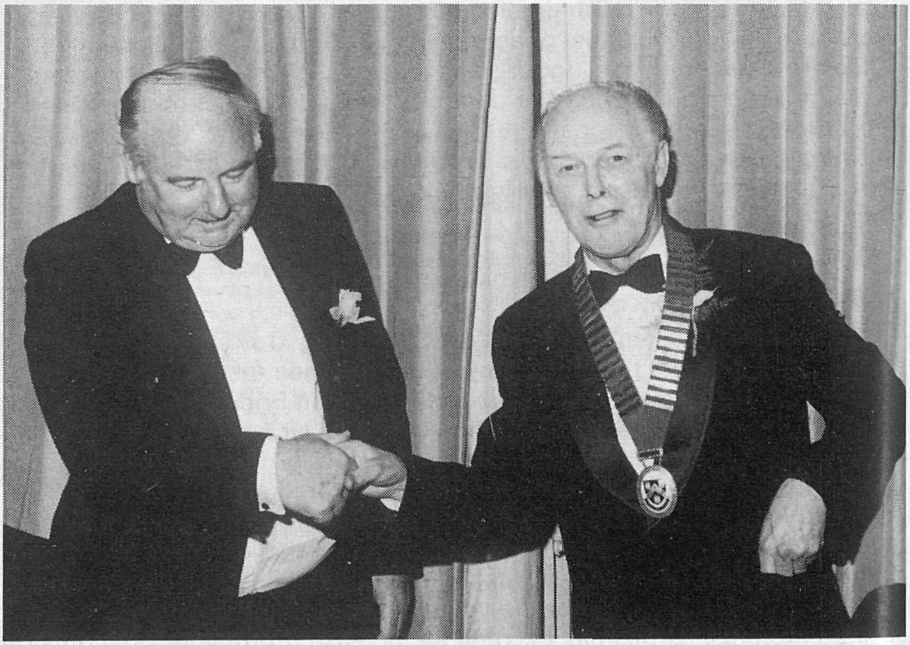
News in Brief

1971 Graduates Dinner

There will be a dinner in the Robens Suite for 1971 Graduates on 4th October 1986. Anyone who has not received details and would like to attend should contact Dr. J. A. H. Wass, Dept. of Endocrinology, St. Bartholomew's Hospital, London EC1A 7BE.

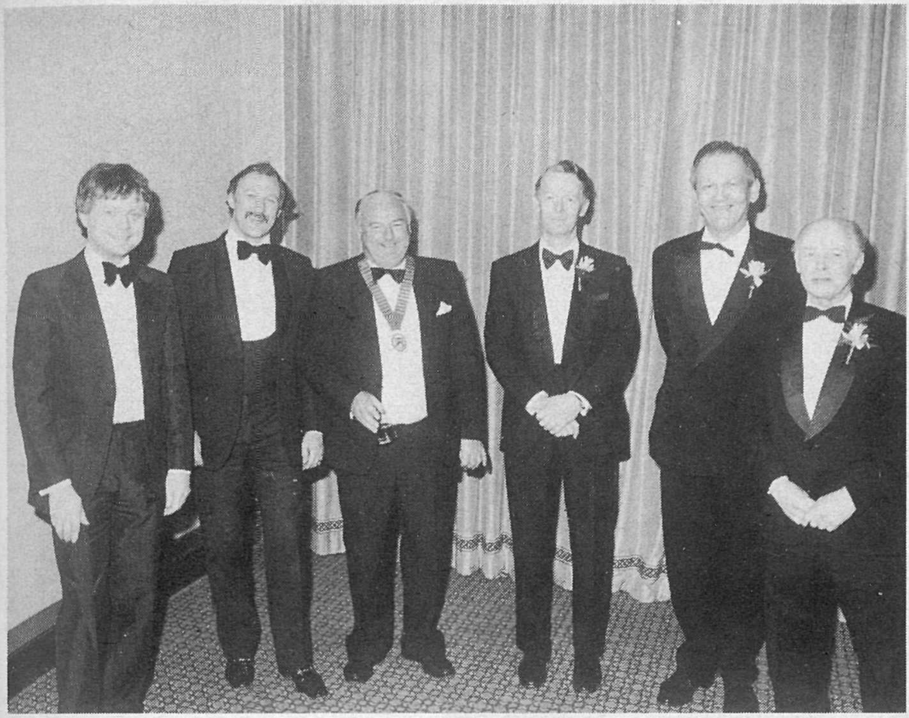
South Wales Guy's Society

The Annual Dinner of the Society took place on March 1st following the Wales v France rugby international. An extremely successful evening began with the outgoing President Mr. Eric Sturdy handing over the Presidential chain of office to Mr. E. Gwyndaf Lewis – dental surgeon from Pontardawe, Swansea.



Mr. Eric Sturdy and Mr. E. Gwyndaf Lewis exchanging the Chain of Office.

An excellent meal was followed by a welcome speech from the new President which was replied to by Prof. I. McColl as Guest of Honour from the Hospital. Finally the other Guest of Honour – Mr. J. 'van' den Berg gave a vote of thanks on behalf of the guests. Both the guests were presented with Society ties and life membership certificates, the evening subsequently "degenerating" around the bar and piano. Strains of songs revived from many years ago echoed around the hotel until the early hours of Sunday morning.

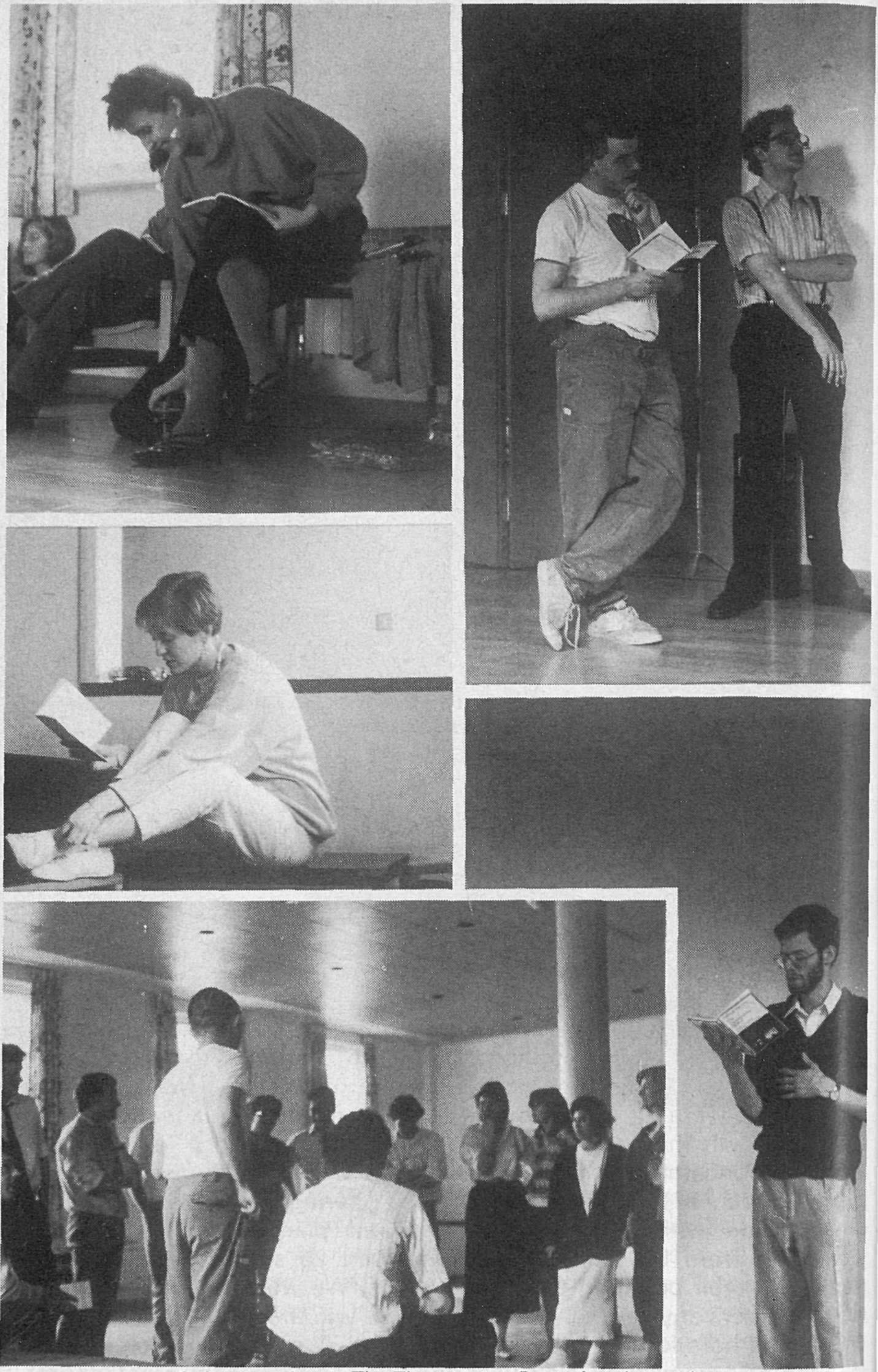


Mr. Robert Lewis, Mr. Christopher Lewis, Mr. Eric Sturdy, Prof. Ian McColl, Mr. J. van den Berg, Mr. Gwyndaf Lewis.

Golf Club

The beginning of the summer sees the fine weather golfers descend on courses everywhere. The club at Guy's has also started and anyone interested should leave their name with details of where they can be contacted in the pigeon-hole in Boland House.

The Hospitals' Cup took place on May-day at Croham Hurst Golf Club. The format of the competition was four players, a round in the morning and afternoon with the three best scores counting. All the hospitals took part, including St. Mary's and the London (both entering the night before). At lunch Charing Cross/Westminster, a team of three (nice to be confident of winning), were 22 shots ahead. Guy's were third-equal with our poor relatives down the road. More effort was needed and a few steadying drinks at lunchtime saw the afternoon start smoothly with everyone looking good. On arrival at the clubhouse Charing Cross/Westminster had already won with Guy's lying in second place. Three unbelievable scorecards from St. Mary's (who had been 25 shots behind at lunch) resulted in their bettering Guy's by 2 shots! We were not keen on the six glass tumblers anyway. Guy's did, however, win the award for worst score on a single hole for the fourth time running. Thanks to the Golf Club and MSS for the organisation. Next year don't ring St. Mary's the night before!



Going begging — The Threepenny Opera in rehearsal

A Play with Music, Beggers, Whores and Thieves
The Threepenny Opera by Bertolt Brecht and Kurt Weill

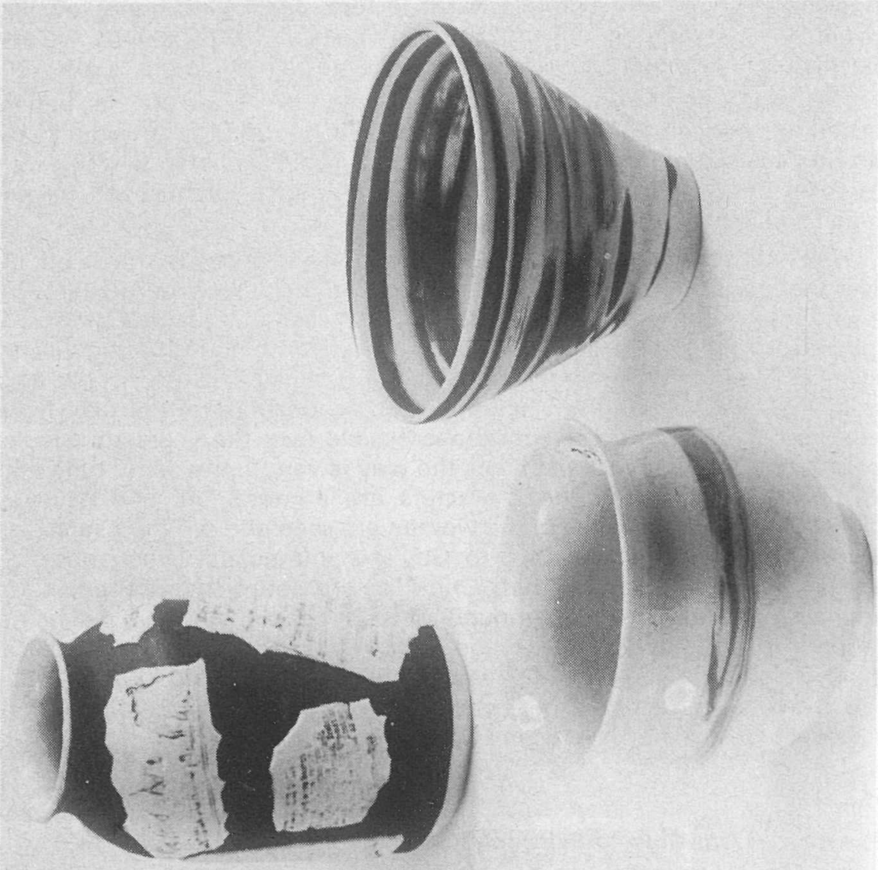
This play is being performed by Guy's Hospital Theatre Club on 2nd, 3rd and 4th of July, at 7.30, in the Harris lecture theatre. It is about low life in Soho (in this production, present-day Soho). It has 23 songs but no rollerskates, holograms or appearances by born again pop-stars.

The story concerns the life and (multiple) loves of the bandit Macheath. He incurs the wrath of the beggars' outfitter, Mr. Peachum, by marrying his daughter Polly. To give much more away would ruin the suspense, but suffice to say Macheath is betrayed and rescued by his women and there is a happy ending.

Well that's the plug and synopsis done, what about the pretentious drivel that pseudo-intellectuals like me feel obliged to write (usually by copying bits of the production notes)? Brecht uses this play to attack the hypocrisy of the middle classes. This is the sort of thing that middle-class audiences love to see, not only because of their basic masochism but also due to their wish to be seen as important. Productions of the play have therefore become more and more inaccessible over the years so it looks more "arty". This is a real shame as the play is very funny, fairly rude and has got good tunes. All the characters are immoral, no one believes change is possible and most of the women are seen and see themselves as commodities, thus its relevance to Guy's is immediate. What message there is in the play is largely that "Criminals are Bourgeois, Bourgeois are Criminals" which is Brechtian enough for most people, but there will be no checking of radical credibility on the door. Any play banned by the Nazis for being decadent can't be all bad anyway, as Goering said "When I hear the word culture I reach for my revolver". Why not reach for your wallets and come and see The Threepenny Opera (due to inflation £2).

Guy's Martial Arts Club – Alive and Kicking

The club, as it stands now, has been functioning for about three years. Originally only one art was taught – Wing Chun; but this year another art, Silat, has been introduced. It is really this year that the club has flourished. We were accepted by the Clubs' Union and also awarded a grant for equipment. So far we have acquired a 50 kg. punching bag, a small punching bag, an air shield and two pairs of sparring mitts. There is still a good deal of equipment required and we hope to buy most of it in the coming year. During the winter term, a rape defence course was organised and was found to be quite popular and useful. We would like to thank our instructors, Ian Davies and Jak Othman, for their high quality of teaching and patience when the classes have been small due to exam proximity or holidays. We would also like to thank Mr. Sullivan for being prepared to become the president of our club. If anyone is interested in either of the arts taught, or is interested in some other art that we could perhaps arrange to have taught please leave a note with your name in the Kung Fu pigeon hole in Boland House.

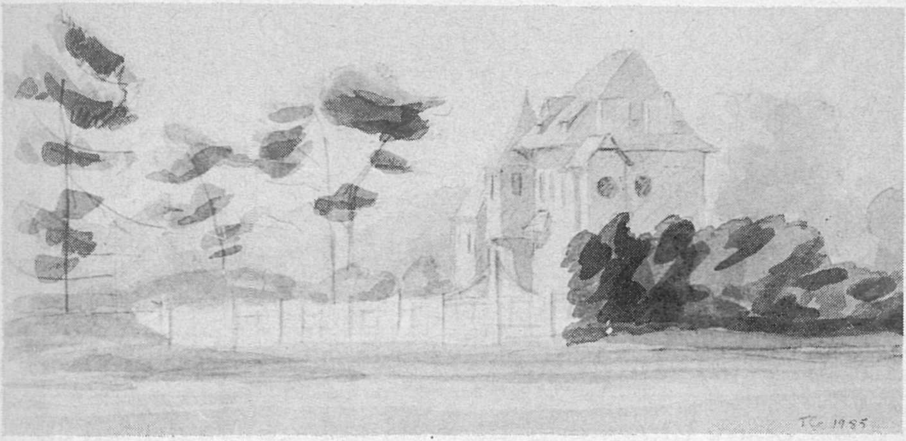


Porcelain by Jane Gibson

407 Art Show

The last 407 Art Club show at Guy's, from April 7th to 11th contained a variety of exhibits from pottery to sketches, paintings, water colours and photography. As in previous exhibitions, the plates and pots by Jane Gibson were greatly admired. The success was reflected in the high numbers of "sales" during the first few hours of the show. Many visitors were surprised to see how rapidly Jane Gibson's style has changed over the years, in part due to the use of different materials, but still maintaining a unique imprint and adhering to the principle that "small is beautiful".

Admired also were some of the pieces exhibited by Rosalind Abrams who is experimenting with various techniques including the use of crayons and the scratching off of part of the colour from the paper to reveal interesting effects.



Pink House – Brittany (watercolour by T. Gibson).

The watercolours by Terry Gibson were pleasant impressions of places he has visited in recent times in Europe and Asia. With only a few touches of the brush he has been able to produce a feeling of space and light in several of his sketches.

It was the first time that Barry Hartley was exhibiting at the 407 Art Club and we hope that he will soon present another series of photographs taken during his trips to exotic places. His photographs have beautiful vivid colours and a sense of imminence.

Blues Awards May 1986

Basketball Club		
	Full Blue	Martin Rough
	Half Blues	Peter MacKenzie
		Derin Oloyede
Boat Club		
	Full Blue	Andrew Brown
	Half Blues	Stephen Andrews
		Salim Khakoo
		Anthony Rose

Ladies' Boat Club	Half Blues	Helen Forbes
		Helen Palmer
		Catherine Pearson
		Gerry Skailes
Football Club	Half Blues	David Bailey
		David Callahan
		Nigel Marchbank
Ladies' Hockey Club	Full Blues	Zena Brenchley
		Alison Law
		Felicity Little
	Half Blues	Ann Astbury
		Cressida Barry
		Claire Chavasse
		Caroline Holden
Rifle Club	Half Blues	David Alderson
		Simon Horner
		Simon Smallwood

Front cover
Photo by Deeraj Mehta.

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

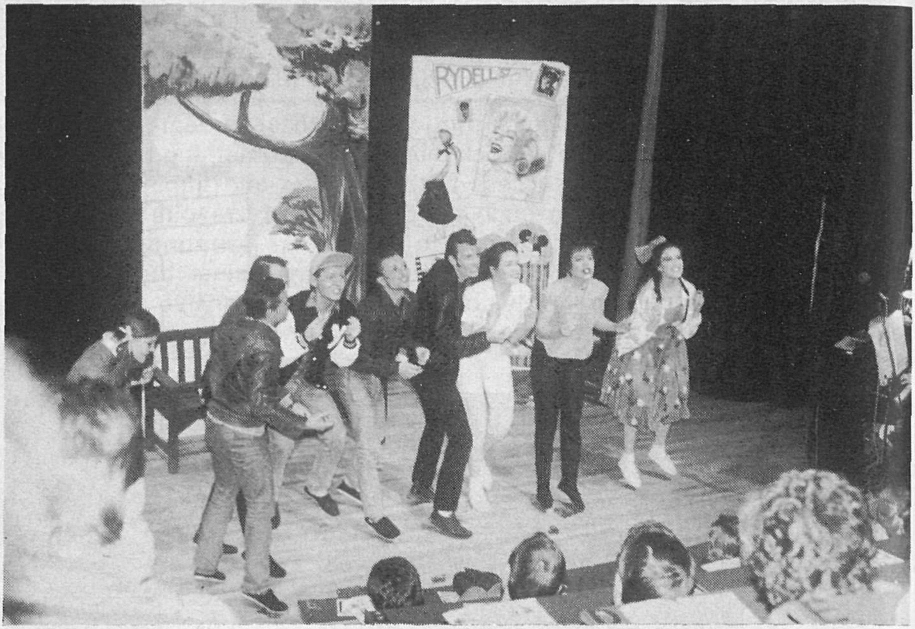
for orders £ 5.00 to £14.99 please add	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60

'Grease – The Stage Show'

by our Theatre Correspondent

On the face of it, the choice by third-year medical students to perform 'Grease' for the traditional path-block musical was something of a gamble in view of its considerable success both on stage and film. Could they emulate the performances of such people as John Travolta and Olivia Newton-John? Could they get the cast to rehearsals? Bermondsey held its breath. Apparently the choice was made largely against the directors' wishes by a vociferous minority, but, after some intensive last-minute rehearsals, the stage, complete with Austin A40 replica, was set. Rydell High had come to Guy's.

Given the lack of space in the Harris Physiology Theatre, (incidentally there would be no such problem if the Theatre Club were still permitted by the BBC to use the Guy's-owned Greenwood Theatre), the group did very well indeed to accommodate such a large cast with large dance routines as well as a seven-piece band. Although the direction of Andrew Farmery and Ewa Ossowska lacked the wit and imagination of last year's excellent 'Oh! What A Lovely War!', the diminutive but demonstrative Andy Auer and arch-buffoon Jon Preece integrated well with comedy duo Martin Fisher and Simon Carruthers as the Burger Palace Boys (fronted by Paul Halliwell as Danny), together providing most of the lighter moments with their subtle innuendo. Likewise, the Pink Ladies were convincingly portrayed by Helen Palmer, Daranee Boon, Kate Slater and the excellent Kirsty Gibson who turned in a wonderful performance as Jan. Maria Thom coped admirably well with the central role of Sandy, whilst the more peripheral



roles were played with fine timing by an austere Helen Crimlisk, bungling James Nichol, preppy Tina Joyce, feisty Anne-Marie Abachata, a celestial John Knighton plus angelic accomplices (featuring Ewa in Hitchcock-type *cameo role) and finally the raunchy* Mick Fairfield *as a DJ*. Ha! The band, featuring an alarming number of members of the Farmery clan, were well stuck into an authentic fifties' groove, and credit must go to the efficient *(and no doubt muscular) backstage crew and also to* Kim Robbins for costumes.

The final performance was hugely enjoyable. An appreciable and indeed appreciative audience lapped up nearly two hours of fifties adolescent frenzy translated into good music, good dancing and good singing, but most importantly into good, clean FUN. This, of course, is where 'Grease' scored so heavily – no-one in the audience could have failed to enjoy it. But as I left I couldn't help but contrast this latter-day fifties revivalism (seemingly all the rage these days) with the last production from this group of people — Osborne's 'Look Back in Anger' set in the real world of 1957. 'Grease' worked, but how about something less familiar next time?

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Health Care in Nicaragua A Personal View

by Mark Beesley

Mark Beesley trained as a nurse in West Glamorgan. He was in Nicaragua for 14 months working at a rural health post. This article summarises the talk he gave in May to the Issues in Health Group at Guy's.

Ten years ago, before the overthrow of the right-wing Somoza dictatorship, Nicaragua had one of the worst health records in Latin America. Life expectancy was 53 years and one-third of all children in poor neighbourhoods died before their first birthday. Infant mortality was 121 per thousand live births overall and as high as 200 per thousand in rural areas (compared with 12.5 per thousand live births in the US and 30 per thousand in Panama). Eighty per cent of the houses in the capital, Managua, lacked running water and potable water was inaccessible to 95 per cent of the rural population. Sixty-eight per cent of the children under 6 years were undernourished.

Nicaragua's Health Service, under the 45-year Somoza dictatorship, was allocated three per cent of the national budget. Much of this amount was lost in both corrupt practices (doctors could collect salaries from three hospitals and not put in a full day's work at any of them), and kickback schemes involving pharmaceutical and medical equipment companies (there were 11 different makes of X-ray machines out of a total of 100 in the country). Ninety per cent of the medical services went to 10 per cent of the people. More than half the doctors and medical beds were located in the capital, but even half the sick in Managua were estimated to have received no medical care at all. Only eight per cent of the population was covered by the National Social Security Institute which was supposed to provide medical care for working people.

The situation changed in 1979. Somoza, whose dictatorship had been upheld financially and politically by the USA, was finally overthrown and fled to Miami leaving the country in ruins. Yet, by 1983, Nicaragua was recognised by the World Health Organisation as one of five model nations. Through mass health campaigns, mobilising some 50,000 volunteers, 85 per cent of the nation's children under 6 years old could be immunized in 2 days. In the whole of 1983 nearly 4 million vaccinations for communicable diseases were given (compared to less than one million in 1977, a benchmark for the Somoza years). Polio was eradicated. Measles, whooping cough and tetanus were almost extinct and the incidence of malaria was halved. Infant mortality dropped to 86 per thousand live births. Health expenditure rose to 20 per cent of the national budget and the Government built hundreds of 'oral rehydration units' for treatment of diarrhoea, the major cause of death among Third World children. Some 446 health centres (compared to 172 in 1977) carried out a comprehensive programme of health care, including general medicine, paediatrics, obstetrics, gynaecology and mental health. Prenatal care reached 82 per cent of all pregnant women, and well-baby visits tripled between 1981 and 1983. Seventy per cent of the population had regular contact with medical care, compared with 28 per cent in 1977.

In the last three years, however, guerrilla attacks in the border areas have hampered health efforts. The guerrillas, known as the 'contras', are supported and funded by the USA. Twenty-nine health clinics have been destroyed and 31 health personnel, whom the counter-revolutionaries consider a target because they represent the government, have been killed. It is no longer safe for local health workers to vaccinate in some areas, especially in the war zones of the north and south-east. Foci of communicable diseases spread by internal refugees from the war zones are appearing, and leishmaniasis (mountain leprosy) is spreading due to troop movements.

The military budget, in response to the 'contra' attacks, has increased from 7 per cent of the national product in 1981 to 40 per cent last year. Given the competition for resources and the difficulties in replacing equipment due to the US trade embargo, the Health Ministry has decided to concentrate on primary health care in the health centres and de-prioritise the hospitals. This has led to shortages of equipment and of essential drugs and to long waiting lists in the clinics. The Nicaraguan Health Minister has said 'We now have to decide how sick a patient must be before we treat him'.

I worked in a small health post in Las Lajitas, a community in the central mountain range of Nicaragua. Las Lajitas is one of ten communities in an area some 3½ hours horse-ride from the nearest town, San Lorenzo. San Lorenzo, in its turn, has one of eight satellite health posts serving a 26-bed health centre with a team including three doctors, a dentist and up to a dozen nurses. A further hour away, the regional centre, Juigalpa, has a large hospital.

The area around Las Lajitas is mountainous and all transport is by foot or on horseback. The land is green and muddy for five months of the year, and dusty and barren for the remainder, during which the streams dry up and water supply is critical. It is hot all the year round! The population of about 1500 live by subsistence agriculture, with occasional cattle-grazing. Of the 44 houses in Las Lajitas itself, only two did not have a dirt floor, only four had any sanitation and none had electricity.

The programmes undertaken at the health post follow Ministry of Health guidelines. They include the monitoring and weighing of children under 6 years old, the section of the population most likely to succumb to ill-health. Normal-weight children, about half the total, are weighed every three months. Children with Grade 1 undernourishment, about 45 per cent, are weighed bi-monthly and those with Grade 2 are weighed every month. There were no severely malnourished children. Without exception, all babies were breast-fed.

Every child under 6 years was immunised against polio, measles, diphtheria, whooping cough and tuberculosis. School-age children and adults are vaccinated when possible. The vaccines, brought in by horse from San Lorenzo, are kept in iceboxes and are viable for a maximum of 3 days.

Mothers, the second largest 'at-risk' group, are offered all the usual prenatal advice and checks (except blood and urine analyses) and are treated for the common discomforts of pregnancy. Deliveries are attended by local birth attendants and the mother and baby visited postnatally.

Clinics, attended by 15 to 30 people daily, are held twice a week and teeth are extracted by a visiting dentist once a month. The pharmacy was variable but, by choice, limited to the top 25 most relevant drugs. All consultations are free but there is a charge of 20 cordobas (about the price of a Coca-cola) for medicines. As a rule, most people were limited to only two different types of drugs to avoid confusion with dosages etc. Pregnant mothers, those with chronic conditions and the very poor receive free medication.

Some of the accidents and emergencies dealt with included peritonitis, poisoning and a hand amputation following a machete fight. Emergencies must be carried out in hammocks and require eight men. Notifiable diseases, mainly scabies, hepatitis and gonorrhoea are treated. There was only one case of diagnosed TB. Health education talks were given sometime during the clinic and at every other possible opportunity. Health volunteers and birth attendants, the number varying between 2 and 18 were offered orientation and first-aid instruction on Sunday mornings.

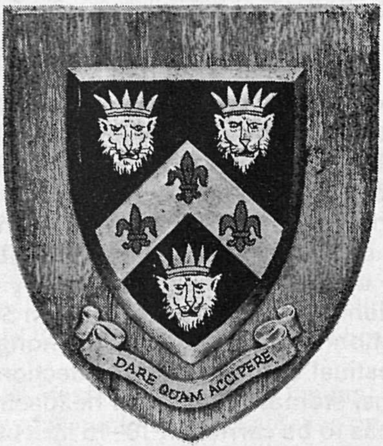
The most common acute conditions among children are upper respiratory tract, intestinal and middle-ear infections and among women urinary tract infections, stomach pains and headaches. (In the dry season, all household water has to be carried in 10–15 litre buckets balanced on the head, presumably the cause of many of the headaches). Stomach and muscle pains are the most common complaints amongst men. Hookworm and roundworm infestation is endemic and iron-deficiency anaemia, especially common among women, was widespread. There were no cases of puerperal sepsis or neonatal tetanus.

Health projects initiated from the health post included a major latrine-building project (after which the houses in Las Lajitas with latrines rose to 70 per cent — with 100 per cent in a village upstream), cleaning and maintenance of the well and springs, health education on hygiene in the cooking-area, and a disastrous kitchen-garden project which failed due to lack of chicken wire!

There can be a number of frustrations — in common with all primary health care work. For instance, certain essential medicines were supplied irregularly, and patient expectation about the 'magic pill' (or, even worse, the 'magic injection') and compliance in taking tablets is difficult to overcome. There are limits to how much help a health post can offer a malnourished child, at least in the short term. The young adult health volunteers, in particular, are often overworked and may leave the area altogether and there is plenty of paperwork, but sometimes not much paper!

The health post is small, but to some extent it fulfils the community's needs. Before 1979, Las Lajitas, like many other villages, had neither the vaccines nor the medicines nor the health post. Nor did it have, of course, a government concerned about the health of rural communities.

Guy's Hospital Gazette



High quality Shields, available only from the Gazette

Cost £15.00 (+ 50p p & p)

ORDER FORM

Name ....

Address ....

....

Please send me.........Guy's Shields at £15 each (+ 50p p. & p.).

I enclose a remittance of £.................

To: The Manager, *Guy's Gazette,*
23b St. Thomas' Street, SE1 9RT.
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

***Office hours: Monday, Tuesday, Friday** 9 a.m.—5 p.m.*

Medical Problems in the Third World with reference to an elective in Zambia. Part 1.

by Marcia Hall

In discussing some of the medical problems of the Third World I have tried to indicate the different spectrum of disease found in these countries; the community health problems a Third World country faces, including the big culture difference with respect to the Western World and the health services which are available at present, with special mention of St. Francis Hospital, Zambia. St. Francis Hospital is a mission hospital backed by the United Society for the Propagation of the Gospel and is consequently enormously better equipped and run than many purely government financed hospitals in Zambia. It is situated in a rural area in the Eastern Province, not far from the Malawi border.

SAINT FRANCIS' HOSPITAL

Spectrum of Disease

Ill health in the tropics is often more than an internecine struggle between human host and pathogen. Consequently medical problems are usually more complex than the pursuit and eradication of infectious agents. Cure of the immediate disease is only a small part of the medical challenge in the Third World. Frequently an acute illness develops on a background of chronic infection and malnutrition. In Zambia there is a high incidence of parasitic disease, for example bilharzia (S. haematobium), malaria (most commonly P. falciparum), tuberculosis, hookworm (Ancylostoma duodenale) and roundworm (Ascaria lumbricoides), any of which may depress a single person's general well-being, without precipitating an acute illness.

Parasites may also contribute to malnutrition. Moderate degrees of undernutrition are common and the addition of gastrointestinal parasites may soon promote frank malnutrition. Both cellular and humoral components of the immune response are impaired as a result of malnutrition and thus there is an increased predisposition to further infection. Common infectious illnesses include pneumonias, meningitis, conjunctivitis, osteomyelitis, tonsillitis, otitis media and cellulitis. Abscesses sprout anywhere and everywhere. Children are especially susceptible to malnutrition and there is a preponderance of children in the Third World.

Sexually transmitted disease is frequently encountered in Zambia and there are cases of Acquired Immune Deficiency Syndrome (AIDS). The AIDS in the Eastern Province seemed to be of equal sex incidence, which may reflect the magnitude of promiscuity there – confirmed perhaps, by the enormous amount of sexually transmitted disease such as chancroid, lymphogranuloma venereum, gonorrhoea, and a little syphilis. If the claims that homosexuality is not as rife in Africa as the Western World are true, then perhaps this is a slightly different agent. Most of the patients with the AIDS had co-existing fungal infections, some had rampant tuberculosis and a couple had Kaposi's sarcoma. None were proven, but blood samples have been sent to the U.K. for confirmation.

There is a controversial hypothesis that some factions of the Third World are intrinsically more susceptible to certain infections, for example TB, but much of this pathology mimics that found in the Western World before adequate public health measures were established. Improving the standard of living should greatly aid the eradication of some of these common Third World diseases.

This part of the world is not exempt from their share of congenital conditions. It has its own group of genetically determined diseases of which sickle cell anaemia must be the best known.

Trauma in the rural parts of the Third World may not be as rife or florid as in the Western World today, but there are plenty of mango trees from which to fall and the occasional road traffic accident occurs.

The differing spectrum of disease is further exemplified by the types of neoplasm found in the Third World. In Zambia cancer of the cervix is common and often presents in its final stages. Carcinoma of the upper gastrointestinal tract is probably of equal incidence to that found in the U.K., but colonic neoplasms are rare in Central Africa; when they do occur they are found in a much younger population. Bladder carcinoma is prevalent but this is of a different histological type to that found in the Western World. It is a squamous cell carcinoma thought to be due to chronic bilharzial infestation. The commonest neoplasm is hepatoma. Hepatitis B virus may have a large role to play in its aetiology, but hepatomas are also attributed to the ingestion of aflatoxins. These are found in badly stored cereal crops.

Although ischaemic heart disease is virtually unknown in Central Africa, hypertension seems prevalent. Interestingly the hypertensive Zambians often complained of headaches, visual disturbances and palpitations in contrast to the situation in the U.K. where mild to moderate hypertension is normally asymptomatic. Cardiac failure has a different aetiology – rheumatic valves, hypertension, anaemias, congenital lesions and cardiomyopathies are often implicated. To reiterate, there is a distinct absence of ischaemic elements.

Illness of iatrogenic aetiology includes not only that caused by Western style medical practices but the African 'witch' doctors treatment adds an extra dimension. In the Eastern Province of Zambia a few cases presented with an acute abdomen and were found to have necrotic bowel at laparotomy following administration of 'manquala' (Chewa[1] for medicines). Finally metabolic and autoimmune diseases seem less prevalent, but diagnosis is restricted by the limited resources available for investigative tests.

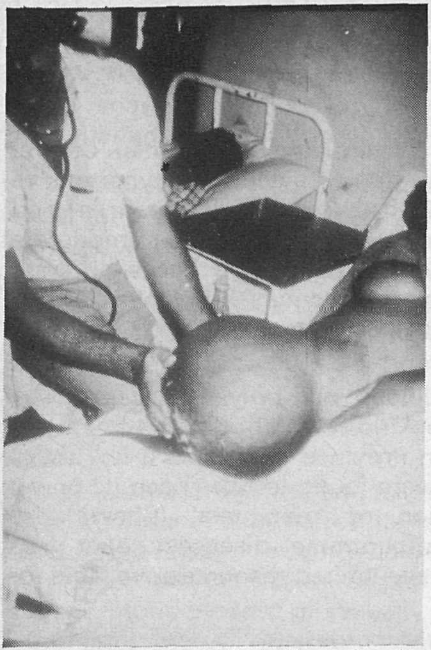
Environmental Factors

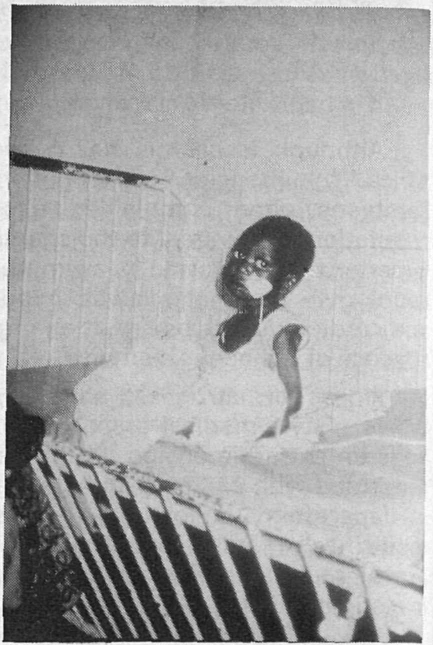
Environmental factors contribute much to disease. Adequate safe water supplies are important to health, as is the provision of an efficient sewage and waste disposal system. Piped water is limited in Zambia, some villages have a communal tap standing proudly in the centre, but many rely on nearby rivers and wells. Most of the rivers are infested with bilharzia and doing the washing is a risky business – crocodiles inhabit some areas! Many houses have proper lavatories and sewage facilities but there are still a good proportion of huts with no provision for adequate sewage and waste disposal. Again these are found in the more rural areas. Often people spend two or three months of the year in a shack on a hill far away from the villages looking after their crops. These are very primitive abodes.

Food borne infectious disease is enhanced by the custom of selling produce from piles on the ground, and wrapping some items up in dirty pieces of paper or polythene. There is no enforced quality control or legislation regarding the manufacture and processing of foods. For example many bottles of beer contain species of deceased arthropod.

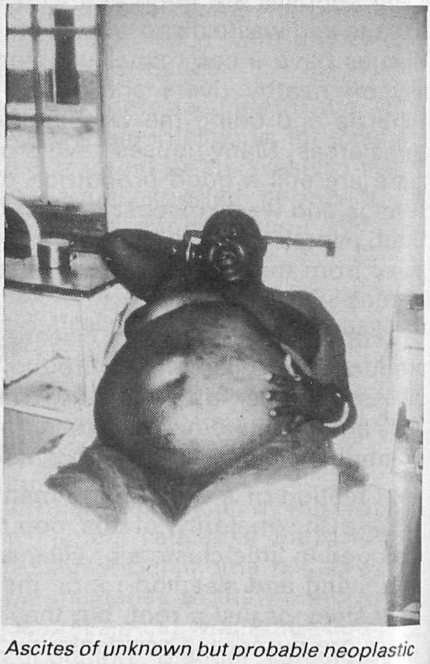
Creation of a safe environment helps reduce accidental morbidity. In Zambia the majority of the population live in wooden huts. They are arranged in little clusters or villages and each family usually has two; one as a living and sleeping room, the other a kitchen. The cooking hut may have sides or just a roof, but they all have an open log fire in the centre. There are numerous accidents involving the open fire, the most common being amongst the epileptics who frequently have fits and fall into the fire.

[1] Chewa is the local language, similar but not quite the same as Malawi Chirwa.


Umbilical hernia complicated by ascites due to tuberculous peritonitis.


Kwashiorkor – improving slowly.

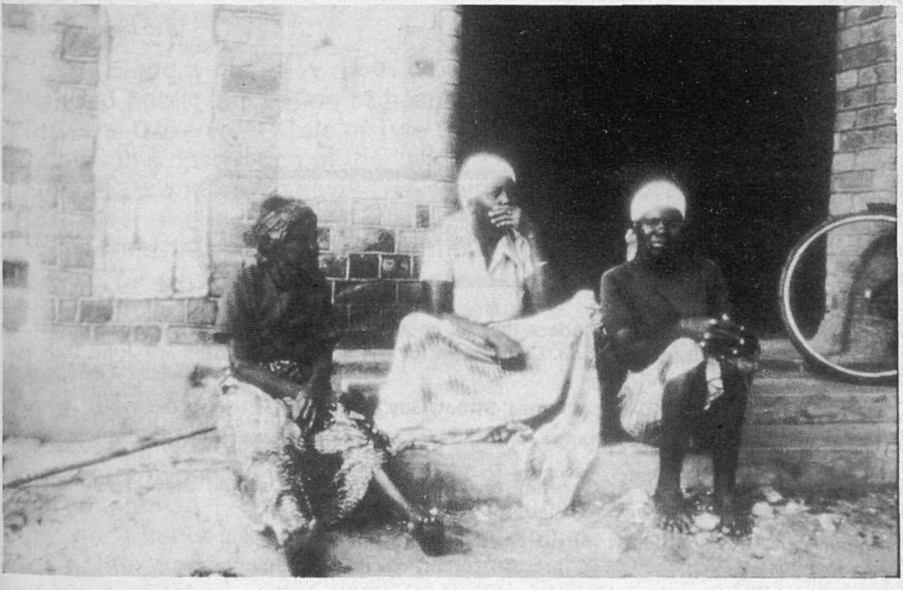
G.R.Z. MIN... HEALTH
A young lady demonstrating her seventh nerve weakness. [She was thought to have a brain tumour. There is no neurosurgical service in Zambia and she died.]


Ascites of unknown but probable neoplastic origin, aggravated by congestive cardiac failure.

Roads are not well maintained. In the Eastern Province there are two tarmac roads, there is very little traffic and so vehicles usually travel fast. There does not seem to be a Highway Code at all, except that if you are walking or riding one of the many bicycles you should get off the road when a vehicle approaches. The remaining roads are dirt tracks, many impassable during the rains.

Nutritional advice is badly needed in most of Central Africa. Maize and groundnuts are the two main crops grown in Zambia. Groundnuts are difficult to grow and few have been planted this year. This has been exacerbated by the Government's decision to pay more for each sack of maize harvested. This policy is designed to encourage unemployed urban dwellers to return to rural areas and to farm. However it has resulted in a preponderance of maize being planted which is probably an even more unbalanced diet for the majority. Protein is obtained from the occasional chicken or goat, and in Zambia caterpillars and flying ants are specialities, fortunately dried and fried first.

Resistance to disease may be increased with dietary advice but also by immunisation programmes. These are carried out at hospitals and rural health centres. Most babies receive BCG (Bacille Calmette-Guerin) at birth and then a programme of diphtheria, tetanus, pertussis, polio and measles. Patients are also beginning to ask for rabies immunisation which is arranged when the vaccine is in stock. Under-five clinics are held in most Rural Health Centres and hospitals in Zambia to ensure immunisation and for screening purposes. Much malnutrition is pre-empted and prevented, but the success of these clinics depends in part on compliance, i.e. mothers actually bringing their young children along every month or so. Midwives and nurses on rural visits urge any women to bring their young children along and hopefully catch up with defaulters.



Health Education

These health measures are of limited value without adequate health education, which is difficult to provide in Zambia, as in most of the Third World, for many reasons. Firstly, the country is vast and sparsely *populated – there are relatively few people spread evenly over a large area.* Secondly, communication is primitive. Only a very few people have radios and televisions. Also there are many different dialects and different languages within Zambia. Thirdly, many people are illiterate. Thus mass health education through the power of advertising is of limited value. Individual education is more promising. Doctors, clinical officers and nurses are able to instruct patients during their normal course of care, although the language barrier often makes even this quite difficult. A third method of education practised in Zambia is group health talks. These are given at antenatal and under-five clinics, often educating the already educated and limiting talks to health in pregnancy and childhood. Education about hygiene, diet and family planning are not as well covered.

There are enormous cultural differences which make it difficult to convince many of the value of some of the health measures. For example to be obese in Zambia is a sign of wealth, consequently many women look on advice to lose weight as a big joke of the doctors, and laugh heartily. Similarly shoes are so precious that they are not worn but kept at home, regardless of the risk of infections, rampant in the feet and lower leg where sharp stones and grasses have grazed the skin. Snake bites in the feet are also common. The average family size in Zambia is eight. Many women will present at the Out-Patients Department complaining of infertility when they have had four or five children! There is a little family planning counsel given by the midwives but, unfortunately, there is a small charge payable for the oral contraceptive pill which deters many. All other drugs are free of charge.

(to be continued)

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are June 18th and July 16th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Michelet

Providing a digest of recent media coverage on medically related topics

Safe as (Hilda Lewis) Houses

Considering the election results of the 18th May, one wouldn't have thought that there would be enough Tories in Scotland to pack the Harris Physiology Theatre. Nevertheless they rounded up the usual suspects to give the new "caring and listening" Mrs Thatcher (as *The Sunday Times* of 18 May described her) a standing ovation. It is really quite easy to feel sorry for Maggie. As she continually points out, spending in the NHS *has* increased from £7.5 billion in 1979, to current levels of £17.5 billion. For some reason, however, the general public suffers under the impression that services are being cut back, waiting lists are longer and hospitals are being closed. Articles such as *The Guardian*'s "Sick children told to 'take a bus' " (20 May) are clearly to blame:

> Seven mentally handicapped children with severe behaviour disorders are to be denied an ambulance because health officials say they are capable of walking to hospital. The children . . . are likely to be the next victims of the London ambulance cuts disclosed by *The Guardian* yesterday. . . . Ambulances for walking patients throughout London have been cut by 40% because health ministers have refused to fund the ambulancemen's pay award. . . . Hilda Lewis House itself is threatened with closure in cuts planned by the Maudsley health authority to cope with this year's £400,000 deficit caused by the Government's health cuts. . . .

On Sunday 18 May both *The Sunday Times* and *The Observer* analysed public perception of health care and government funding of the NHS. *The Observer's* "Tale of Two Systems" began by quoting Dr. Richard Thompson's description of the "sheer cruelty" of cancelling 40 operations at Tommy's one March day. "The Health Service is losing its humanity," he said. After mentioning the ongoing reallocation of funds away from London and into the provinces (under the Resource Allocation Working Party), *The Observer* went on to examine Newcastle-upon-Tyne's health system. The reporters found. They reported:

> a tale of two systems: an optimistic and thriving private sector and a depressed and demoralised public one.

Is it any wonder that the public, faced with descriptions of "long waits and overcrowded conditions, while staff agonise over where the next cut will be applied", are inclined to doubt that the NHS is safe in Mrs. Thatcher's hands? *The Sunday Times* quoted a Marplan poll, showing that 72% of the public thought that current spending levels are too low.

Alternative Medicine – The BMA Verdict

By and large, it seems the BMA rather shot itself in the foot on this one, judging from the press reaction. Surely the acupuncturists, homeopathists and Royal jelly advocates (Prince Charles) must have been pleased at all the free and largely sympathetic publicity. *The Guardian's* "Herbal tea and no sympathy" (13 May) chided the BMA for "derision by association", in discussing acupuncture and homeopathy in the same volume as "Dowsing rods, Royal jelly, sugar in infected wounds(!?) and Winkler Treatment". As usual the newspaper could not resist mentioning the NHS cuts, concluding:

> Materially, the run down in the provision of conventional medical services, except for those who can pay, must be a factor in the growing lack of faith in orthodox doctors. The BMA report points out that the average alternative therapist spends eight times longer over a consultation than an average general practitioner. Often a patient seeks no more than time and talk. GPs are seen increasingly as prescription writers. . . . When orthodox medicine and its practice are found wanting [patients] will, increasingly, try other, less scientifically based remedies.

At least *The Guardian* resisted using the term "orthodocs", a temptation to which Katharine Whitehorn succumbed in her rather more emotional *Observer* warning, "Be careful, BMA!" (18 May). She is particulary upset, writing of the BMA's implication that "it's only the fringe that ever gets things wrong" . . .

> And what about Sue Arnold's brain tumour, diagnosed by her GP as flu? Or my closest friend, who died of diabetes, untreated for five months because his 'proper' doctor thought it was arthritis and sent him to a 'proper' specialist who treated him for only that.

Good strong sensational stuff, that! Some orthodoc's initial response might be to point out that the Royal jelly or sugar in infected wounds wouldn't do much for a brain tumour or diabetes either but that, of course, is not Whitehorn's point. Hubris doesn't go down too well either with the gods or the general public.

The Sunday Times spoke with Dr. Patrick Pietroni, founder of the British Holistic Medical Association for its article "Healing without the high-tech" (18 May). Pietroni uses acupuncture, shiatsu, homeopathy, yoga, meditation and relaxation to treat patients free under a £1m research grant, and sounds quite sensible and open-minded about different approaches to healing. "Conventional medicine often only treats symptoms, but it is important not to remove a psychosomatic symptom before exploring what it means," he says. In "Getting to the foot of the problem", the *ST's* adventurous Tim McGirk went to reflexologist Robert Dallamore and got his feet covered in talcum powder. McGirk mentioned his chronic cough to Dallamore:

> . . . Then he pushed on the "bronchial area" of my foot. The pain was so intense I jerked my foot out of his grasp. The idea is that once the channel leading from the hand or foot to the infirm part of the body is unblocked, the body will begin to heal itself. Next his fingers began to "walk" on my heal, which he says governs the mucous membranes. My nose began running. It was expecting too much for my cough to vanish. . . .

Poor McGirk. At least Dallamore's practice is in Norfolk, which must be a pleasant change from Fortress Wapping. (He should have asked to investigate shiatsu. In my one brush with "alternative medicine" I was given a massage by a friend trained in shiatsu. I felt as if I were in heaven – also a pleasant change from Fortress Wapping.)

"Sugar in infected wounds" notwithstanding, my vote for the most exotic treatment mentioned in the press reports goes to "Bach's Flower treatments". Has anyone out there actually heard of this therapy, or was the BMA simply going for the lunatic fringe of medicine here? Perhaps it means wandering round Kew Gardens for a few hours each week listening to Bach on a Walkman. Doesn't sound too bad.

Moonlighting II

In case you missed Jeremy Irons in the original, the sequel seems to be playing at your local NHS hospital. Both *The Times* and *The Observer* (What, no *Guardian*?) decided further to bash the reputation of the medical profession in describing the apparent habit of some consultants who "moonlight" for private medicine while on NHS time. In the aforementioned "Tale of Two Systems" (illustrated, I might add, with a photo of a gleaming, pleasant London Bridge Hospital room contrasted with a photo of a crowded open ward at Lewisham Hospital), it is alleged that "Doctors who work for both sectors may neglect their public patients for their private ones".

> As a junior hospital doctor told *The Observer*: "My consultant frequently phones up from Harley Street to ask me to take his clinic because he has been delayed. But I can't say anything because one day I'll need a reference from him."

Mr. Sam Galbraith of Glasgow, a consultant neuro-surgeon and member of the Socialist Health Association, was quoted as a conclusion to the article — and leaving what sort of impression in the mind of the reader? — "Highly paid hospital consultants are allowed in the [NHS's] time and often using the [NHS's] equipment to run what is, in effect, a rival business."

The Times, in "Consultants face 'moonlight' inquiry" (17 May), reported the establishment of a working party by the Central Committee for Hospital Medical Services (part of the BMA) to form committees of consultants to which cases of moonlighting colleagues might be referred. This would "find ways of correcting any irrregular behaviour by a fellow consultant before it becomes a matter for disciplinary action."

The opening of the London Bridge Hospital at first glance provides marvellous opportunities to the potential moonlighter. One complication, however: how, precisely, to sneak over there? Perhaps my colleague Mr. Bore can be prevailed upon to supply a pint of whatever to the reader providing the route which is at once most direct, dignified, and above all *discreet*.

Dental Notes

Getting to the top at Guy's nowadays usually means finding a Peter. District Chairman Peter Barker plays the lead, while General Manager Peter Griffiths conjures with the financial origami of Peter Burrows the Treasurer.

Not to be outdone, the Dental Dean, a Jack well known for raising the tone of things, invoked another Peter Principal (*sic*) for the School Prizegiving. Sir Peter Baldwin, Regional Chairman and guest of honour, warmed his audience at the outset by confessing his distaste for all the acronyms used in alias of Guy's. He had come, he said, to honour "the prizemen of Guy's". Perhaps this is an obsolete or discriminatory term for a few, but many of us reckon that Guy in the front quad seems to have a cheerier countenance these days. Maybe he knows someone remembers him and cares.

Sir Peter was particularly enthusiastic about the prospects for our Phase III development, still zooming ahead in the fast lane, according to the latest information. Nice one Cyril. Don't let it peter out!

M. L. Maberley

Nursing

New Techniques in Wound Care

This interdisciplinary study day provided insight into new techniques in wound care, and prompted questions regarding the nursing practice of each of us.

Understanding of wound healing physiology is gradually increasing, but awareness of recent findings and their implications varies considerably. The efficacy of current wound healing regimes is often not sufficiently evaluated at clinical level by doctors, nurses or pharmacists. "It's worked before" is still a common attitude, based upon observation perhaps, but often with minimal scientific knowledge, and questionable criteria for comparative observation and analysis.

"Wounds require different dressings at different stages in the healing process. 90% of care is of the patient with the wound; 10% of care is local wound care". Mrs. Sue Bale, former Research Nurse in the Department of

Surgery, University of Wales, thus summarised her research based perspective. She shared with us her experience and findings using modern dressings such as scherisorb, gelliperm and granuflex dressings. Her study on the cost effectiveness of silastic foam contested claims that silastic foam is more expensive than ribbon gauze if nursing costs are included.

Mr. David Leaper, Consultant Senior Lecturer, promoted the value of wound exudate in the moist wound healing process. Use of antibiotics and application of chemical agents requires caution, to avoid directly inhibiting healing, particularly when using chemicals for cleansing and debriding. The literature and Mr. Leaper's research show, for example, that Eusol depresses collagen formation and capillary function in granulation tissue, and savlodil (in 1/10,000 dilution) kills fibroblasts. Are you aware of the implications of these findings? We cannot afford to ignore evidence of this kind, as one participant emphasised by her question "Should Eusol be banned?" New types of dressings were discussed, and dressing regimes suggested for future evaluation. The findings of a survey of current nursing treatments for patients with established pressure sores, emphasised the nursing viewpoint "We've tried everything we know". We, ward nurses, must set up proper trials (maybe 20 patients), be aware of all possible regimes of care, and increase our knowledge base.

Wounds, like patients, are individuals.

I. Goodman

Physiotherapy

No doubt physiotherapists – self-effacing, shy and unassertive as they are – must take much of the blame for not having made the fruits of their labours more noticeable to the public in general and the medical profession in particular. The four thousand or so subscribers to the *Gazette* are better able to be informed. They may recognise that the highly-polished apples on the front of the stall may not bear much resemblance to the ones bagged-up at the rear, but at least they know that there are apples available. Incidentally, is the Editor's observation (*Passim*, May 3rd 1986) that the *Gazette*'s readership gains satisfaction only once or twice each year based on fact? Poor things. . . .

How does one account for what appear to have been the blinding revelations which have struck the minds of some medical men in recent months, and which have moved them to share the good news with their colleagues and, via the Press, the public?

The first of these concerned the knee of an international scrum-half. This unhappy joint had prevented him from completing a match since time beyond recall, it seemed, and had been subjected to repeated exploratory and corrective surgical manoeuvres. Months, years later, it was reported someone had noticed that the player's quadriceps were wasted. Why not try some weight-resisted exercises to hypertrophy them, came the inspired thought. And there he was, better at last – until something else happened, but that's beside the point.

Next, an eminent man undergoing abdominal surgery resolved to make a point of stretching himself out, post-operatively, to make sure he *was left without adhesions*. It worked so well that he persuaded the man in the next bed to do likewise, and he benefitted as well. Let it be known far and wide, he said, that this new discovery may help others.

Again, a "new" finding – tensing the abdominal muscles when carrying a load minimises stress on the lower back. This was vouchsafed to the waiting world not long since, not as a spin-off from the LIFE regime, nor even as a sales-drive by manufacturers of broad leather belts to underpin the navvy's beer-belly, but as the outcome of a research programme.

Enough? Just *one more – iontophoresis as a treatment* for hyperhydrosis is not generally accepted, claims an article in a learned journal. And why not? Perhaps on account of the lack of suitable, readily available apparatus, opines the author.

Is the work of physiotherapists really so little known that these four matters were newsworthy? Half a century ago – well, it feels like that sometimes – a student knew the importance of post-operative quads exercises and trunk mobilising exercises, of abdominal bracing exercises to reduce back-strain. Is there any physiotherapy department in the country which does not have a direct current machine suitable for iontophoresis? Why has physiotherapy failed to reach the vital parts of these chroniclers of newly-broken ground?

Ronald Cooper

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY

Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

Book Reviews

"Clinical Pharmacology in Dentistry" by R. A. Cawson and R. G. Spector. 4th Edn. Pp. 348. Price: £8.50. Cover: Soft. Published by Churchill Livingstone.

To agree to review a book written by colleagues is something that is always done with some reservation and, because it is likely to be biased, many would say should not be done at all. However, having already read and used previous editions of this book and been impressed by it, I felt reasonably confident that the task would be a pleasant one and that I would not be likely to lose either my friends or my job!

Well as I expected, the book continues to provide the clinical dental student with the most comprehensive and relevant text on pharmacology and therapeutics in dentistry. The prose is clear, readable and punctuated at intervals by historical or amusing asides. The text appears to have increased in size over the years but this is mainly due to larger print rather than more words. On the whole the subjects are dealt with at a level of detail and in a manner that reflects their day to day usefulness in dentistry. However, there are subjects that appear in the book where it is difficult to see the practical importance of the subject. Treatment of enteric fever, infective diarrhoea and cholera for example are considered, admittedly briefly and in an anecdotal way, but whilst it may be of personal relevance if practising or travelling in Mexico it is difficult to see the immediate connection with dentistry. It is also a pity that information on the general anaesthetic propanidid is still included even though, as the authors point out, it has been withdrawn. In fact this section of text has been overtaken by events in that Althesin has also been withdrawn. However this is merely observation not criticism. In recent years drugs have come and gone so quickly that it is impossible for any text book of pharmacology to be completely correct.

No major additions have been made to the book but new material has been included on a number of important areas. For example the chapter on analgesics has been updated and expanded to consider the opioid peptides, the newer opiate derivatives and non-steroidal anti-inflammatory analgesics. Changes have also been made to the sections on sedation and an appendix added to identify patients at risk from viral hepatitis.

In conclusion therefore this text fulfils the three criteria that I consider important for a student book namely that it is readable, relevant and reasonably priced.

B. V. ROBINSON
Senior Lecturer
Department of Pharmacology

"Geriatric Nursing" by Alison M. F. Storrs. 3rd Edn. Pp. 200. Price £7.95. Cover: Soft. Published by Ballière Tindall.

The third edition of Miss Storrs' book on nursing care of the elderly has been extensively revised. Much greater emphasis has been placed upon the elderly person as an individual for whom an individual plan of care has to be made. The care recommended is thus firmly constructed upon the framework of the nursing process.

The thrust of the book reflects Miss Storrs respect for and attitude towards the elderly person. Her experience has been wide and Highlands House – the residence that she has establised for the elderly in Kent – is a model of what a continuing care unit should be like. This book should be particularly useful to those nurses trying to make their hospital based units more like home for the residents.

Throughout the book intelligent practical advice is clearly given to overcome difficulties so that maximum independence and mobility may be retained, in spite of increasing age, by elderly patients. The chapter on the maintenance of continence rather than the more usual one of dealing with incontinence is an illustration of Miss Storrs' approach. There is also a useful chapter on nutrition – an area frequently neglected by those caring for the elderly to the extent that the elderly section of the population represents the largest single group vulnerable to malnutrition today.

For students and pupils undertaking the geriatric module in general training and for

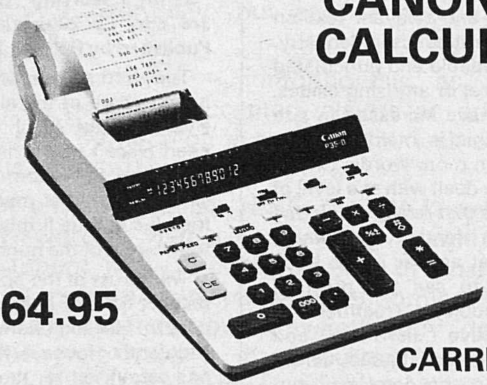
bosp

OFFICE EQUIPMENT
FURNITURE
BEELINE HOUSE
FARWIG LANE, BROMLEY
01–460 9811

MACHINES SHOWROOMS
& SHOP
39 EAST STREET
BROMLEY

SPECIAL OFFER
TO READERS OF "GUY'S"

CANON P35D
CALCULATOR



ONLY £64.95
+ VAT

CARRIAGE FREE

Features –

- ★ Display only or print and display
- ★ 12 digit capacity
- ★ Standard plain paper 2¼″ roll
- ★ Percentages
- ★ 4 key memory
- ★ Item count
- ★ Long life cassette ink roller

bosp

those studying the English National Board courses on Care of the Elderly, the information given on statutory bodies, housing, financial and legal assistance available, is usefully collected at the end of the book. There is also a section on the common diseases of old age organised into problems with relevant "nursing considerations" attached. This approach can also be found in the chapter on mental disorders and mental illness where as Miss Storrs so rightly observes "any evidence of confusion or disorientation is so often referred to as senile dementia and no further attempt is made to investigate the cause or relieve the symptoms".

This book should provide a useful, inexpensive (£2.50) addition to the many written about the elderly and is one of the few written by a nurse for nurses.

MRS. M. OSTRO
Nurse Tutor

"Post-Operative Pain: Understanding its Nature, and How to Treat it" by Jane Hosking and Edward Wellshoe. Pp. 175. 1st Edition. Price: £4.95. Published by Faber.

"Pain is a more terrible lord of mankind than even death himself", wrote Albert Schweitzer. As surgeons we have often tended to regard post-operative pain as a temporary inconvenience, a price to be paid for a successful operation and to be born stoically. However, as any colleague who has undergone a surgical procedure will tell you, post-operative pain can seem like hell and, contrary to popular belief, the memory of it will often remain.

This short volume by two authors directly concerned in the management of post-operative pain goes a long way to redressing the imbalance between the problem and our concern for it.

The book is laid out in a logical way, the first chapter reviewing our cultural concepts of pain, and the next two the anatomical and physiological basis of pain perception. The difficult and very subjective task of pain assessment is next discussed, dependent as it is, not only on the expressions of the sufferer, but also upon the reaction of the witnesses.

The role of anxiety in pain perception and the importance of pre-operative explanation and reassurance in allaying post-operative pain is properly emphasised. Everybody concerned with the patient needs to be involved in this, but remembering that the nursing staff are usually responsible for the final decision as to when analgesic drugs will be given, the important role of the nurse is highlighted.

The second half of the book is concerned with the analgesic drugs and the methods of achieving pain relief which are available. These range from the use of intravenous opiates to the significance of the placebo effect.

The final chapter discusses the importance of research into pain relief, for there is surely a great deal that we do not understand and much more that will be done in future.

This volume is an excellent handbook for all concerned with the management of post-operative pain, and a timely reminder that *the problem is common and can be managed* satisfactorily if only we take the trouble to think about it. Perhaps in this way we may achieve a happy contented patient rather than one whose pain is acute or has been so drugged as to be senseless to his surroundings.

M. H. JOURDAN
Reader in Surgery

"MCQ's in Undergraduate Obstetrics and Gynaecology" by Ian Johnson. 1st edition. Pp. 150. Price £4.95. Cover: Soft.

Multiple choice questions have unfortunately become standard in both undergraduate and postgraduate examinations. They claim to test factual knowledge, but anybody attempting them for the first time may find the words daunting and conclude that they do not know much about the subject. In his preface the author offers good advice on ways to approach questions where such terms as "usually", "may" and "commonly" are employed. However, from personal experience, there is no substitute for practice; hence the value of MCQ books with answers and explanations.

This new publication consists of three sections dealing with basic sciences, gynaecology and obstetrics with a total of over 400 main questions of five parts each. The explanations to the answers are clear, concise and up to date. However section 2.147 (p.86) states that pregnancy tests are of little help in the diagnosis of ectopic pregnancy; to avoid ambiguity "urinary" pregnancy test should have been specified. In general the topics and answers relate to non-controversial issues; one exception is in section 2.70 (p.53): stress incontinence can be caused by alteration of the urethrovesical angle. Discerning readers will also notice that the answers to sections 2.94 and 2.95 (p.64) are wrongly numbered.

In conclusion I find this book useful to the undergraduate as well as the post graduate preparing for M.R.C.O.G. part 1 (or D.R.C.O.G.).

Mr. A. WONG
Senior Registrar,
Dept. Obstetrics & Gynaecology.

"Learning Pharmacology through MCQ" by B. J. Large & I. E. Hughes. 1st edn. Pp. 195 Price: £6.95. Cover: Soft. Published by: John Wiley & Sons

Rude things have been said about multiple choice questions. However they are free from inter-examiner variation and bias, unfatiguable, can cover an entire syllabus and their discriminating ability can be evaluated numerically. That is more than can be said of most examiners conducting vivas or marking essay questions. However tests of all kinds can have an educational function. The book by Large & Hughes is particularly instructive – after each stem and its five choices is an interesting page of text explaining the correct answers and summarising the background information about them.

Although a very broad field is covered, it presumably reflects the particular points of emphasis in the pharmacology teaching in Leeds. This must be vast and detailed. What for instance is *McNeil A-343?* As well as clinical aspects of basic pharmacology there is consideration of animal models (such as the Finkleman preparation, frog rectus, isolated atria, isolated vas deferens) which are not always discussed in some of the London Medical Schools.

This seems to me to be an interesting and helpful approach to learning pharmacology and also provides an additional text for practising for MCQ exams.

Professor R. G. SPECTOR
Dept of Pharmacology

"ENT Surgery and Disorders: with notes on nursing care and clinical management" by A. J. Innes and N. Gates. 1st Edn. Pp. 194. Price: £4.95. Cover: Soft. Published by Faber and Faber London.

This book on ENT surgery and disorders gives a general introduction to the most common disorders of the ear, nose, and throat, met by the nurse on a general hospital ward.

The introduction to the nursing process and the ENT ward was so briefly dealt with, it would have been better considered after each section of the ear, nose and throat to be of value.

Subsequent chapters dealing with the ear, nose and throat separately are concisely put and appropriately illustrated. These give a clear and well laid out description first of the anatomy and physiology of the different areas, followed by problems and nursing management.

The book achieves what it sets out to achieve – "notes on nursing care and clinical management" and as such I would recommend it to those learners and newly qualified nurses commencing in the field of ENT surgery, as a clear and concise handbook to aid their understanding in this specialised field.

The additional chapters on the role of other professionals, the use of drugs and other substances in ENT, with some direction into further reading and useful organisations, offers insight into the broader aspects of ENT surgery.

E. A. GIROT
Tutor
School of Nursing

Correspondence

The First Cuckoo

Dear Sir,

As an amateur naturalist I thought your readers might be interested in my sighting the first cuckoo in this vicinity. I first heard its plaintive cry in April and setting off to investigate was charmed to discover this cuddly fluffy bird in its attractive nest by the waterfront.

I am sure your readers are aware how rapidly this bird can grow, coming to dwarf its surrogate parents by the purloinment of resources from its rivals which it ejects from the parents' affections.

I was interested to observe the number of birds of all species responding to this avaricious avian's siren call. I wonder how many will be duped and transfer their affection, and how many will recognise the cuckoo in its nest for what it is.

Yours sincerely,
BIRDWATCHER

In One Ear and Out the Other

Dear Sir,

Insects infesting the human ear are mercifully rare – the *occasional earwig justifying* its name, an invasion of Japanese beetles into sleeping Boy Scouts, and the odd cockroach nymph, but medical science was advanced recently when a patient arrived at New Orleans' *Charity Hospital with a small* cockroach in each ear, according to Rentokil's house magazine.

Doctors were thus able to settle a long-running dispute as to which is the best way to remove an insect from the aural orifice – the traditional mineral oil to float it out, or a squirt of anaesthetic lidocaine.

Into one ear went the mineral oil and the hospital reported "The cockroach succumbed after a valiant though futile struggle, but its removal required much manual dexterity on the part of the doctor."

Into the other ear they sprayed lidocaine; the response was immediate; "The 'roach exited the canal at a convulsive rate and attempted to escape across the floor where a fleet-footed intern killed it by the simple 'crush method'."

Yours sincerely,
RENTOKIL

Accommodation

Dear Sir,

I am forming a student body to assist students at Guy's in finding accommodation. *I would like to draw up a list of private* accommodation available for renting.

If anyone is in a position to rent out any such accommodation would they please contact me.

Yours sincerely,
SARAH CUFFIN
Dental Student,
Floor 24 Guy's Tower.

Inaccurate Presidency

Dear Sir,

Regarding Mr Simon S. Brooks's Lord Brock Memorial Trust Historical Essay on the Contribution of Guy's and St Thomas's Hospitals to the Introduction of Western Medicine to China, I would like to draw your *attention to some historical inaccuracy* in the last paragraph.

He states that, "in 1912, the Canton Hospital was honoured by a visit from a former student, Dr Sun Yat-Sen, the first President of the Chinese Republic." Dr Sun was elected the Provisional President of the Provisional Government of the Republic of China on December 29th 1911. Dr Sun resigned on Feburary 13th 1912 after six and a half weeks in office. He recommended Yuan Shih-Kai to be his successor as Second Provisional President. Yuan was later elected to be the first President of the Republic of China on October 10th 1913.

Yours sincerely,
GERALD CHENG
Boland House

Reckitt & Colman
Pharmaceutical Division

DENTIST/ DENTAL SURGEON

Reckitt & Colman, a British publicly owned group, has its principal UK manufacturing and trading business located at Hull with approximately 3,000 employees. Dental care has been provided on the site for over 75 years, primarily for employees, ex-employees and their families.

The practitioner who has for the last 21 years conducted his own independent practice from Company premises is now leaving, and a well qualified and experienced dental practitioner is sought to take his place. F.D.S. would be an advantage. Experience in prosthetics is essential.

Terms and conditions are commercially advantageous.

Please reply to:
Mr C. Woodcock, Personnel Manager, Reckitt & Colman
Pharmaceutical Division, Dansom Lane, Hull, HU8 7DS
Telephone (0482) 26151, Extension 2422

Credited Accounts

Dear Sir,

I would like to thank everyone who worked so hard to give me a good send off when I retired on the 25th March from the Medical School Accounts. So many colleagues donated to my present I could not possibly write to everyone. Also a big thank you to some of the students who did not forget me. I was very touched.

It will be some time before I get used to being retired and I shall miss being part of the Medical School, it happens to us all.

Yours sincerely,

EILEEN BLEACH
13 Linden Grove
Sydenham

Sport

CRICKET CLUB

Guy's v. Rowan: Guy's 176–6 dec., Rowan 40 all out; won by 136 runs.

A Guy's side almost at full strength produced a convincing performance to defeat a Rowan side that won last year's fixture by 6 wickets. Fresher John Durn was the batting star with a debut fifty, with Brink and Cranston also batting usefully. Cranston also featured strongly in the bowling returning the incredible figures of 5–2, Shannon bowled consistently for three wickets.

Guy's v. King's College Hospital: Guy's 240–4 dec., King's 133 all out; won by 107 runs.

Another powerful batting performance saw Guy's totally outplay King's. Durn was a star again with 73, Crowther made 53 leaving Cranston on 53*. In the field the wickets were shared between Pocock, Shannon, Cranston and Vowles.

Guy's v. Temple Sheen: Temple Sheen 93, Guy's 95–2; won by 8 wkts.

The Guy's bowling peformance was dominated by Kevin Singh returning the figures of 6–9 as Guy's easily bowled out Temple Sheen. Masani and Davies put on fifty before both were out to rash shots. The inevitable was completed by Crowther and Brink without further loss.

Guy's v. The London Hospital: London 196–8 dec., Guy's 168–5 dec.; match drawn.

The London killed the game early on by some dreary batting before lunch and were unable to leave Guy's realistic time to attempt the total. However, a good start by Durn (46) and Millar (32) brought the total into sight. However, a minor middle order collapse meant that Pocock and Deepak had to shut up for the draw. *(If only – Sp. Ed.)*

UL Cup 1st round: Guy's v. S.O.A.S.: S.O.A.S. 73 all out, Guy's 77–0; won by 10 wkts.

Singh and Vowles were responsible for bowling out S.O.A.S. after they had made a good start against Pocock and Shannon, by taking four wickets apiece. The process of victory was easily carried out by Durn 42* and Millar 32*.

Guy's v. Carnegie: Carnegie 181–9 dec., Guy's 68 all out; lost by 113 runs.

Guy's initially bowled well to restrict a strong batting line up to under 200. However, the batting inexplicably collapsed against indifferent bowling with only Masani (19) offering any resistance.

Guy's v. St. Bartholomew's Hospital: Guy's 124 all out, Bart's 126–8; lost by 2 wkts.

Guy's won the toss and batted on a green looking wicket and suffered the consequences. Millar batted steadily for 33 and Seare struck 20 to give some respectability to a total made in 73 overs. Guy's looked to have won the match at 103–8 with Vowles having taken five wickets, but a dropped catch proved vital and Bart's won the match with a six.

Guy's v. Stoics: Guy's 113 all out, Stoics 115–2; lost by 8 wkts.

Guy's did not have the bowling fire power to seriously contest a match against a side containing three Australian first class cricketers, whilst in the batting, only Pocock with 38 and Shannon with 20* offered any real resistance.

UH Cup 1st Round: Guy's v. St. Mary's Hospital: Guy's 187 all out, Mary's 171 all out; won by 16 runs.

Sound batting by the middle order saw Guy's reach a respectable total after a sticky start. Crowther made 58, Williams 32 and Brink 26 to see Guy's to 145–3 with 20 overs and seven wickets remaining. However, the lower middle order contrived to collapse and fail to use up the alloted 60 overs. In the field good bowling and fielding kept Guy's in the game where the Mary's batsmen were restricted to 21 from the 18 overs before tea. A middle order flurry came too late to save Mary's who had to resort to slogging in the last twenty where they were finished off by Williams and Shannon after Vowles and Pocock had also bowled creditably.

Guy's v. Dulwich: Dulwich 175–8, Guy's 133 all out; lost by 42 runs.

An appalling display all round saw Guy's defeated by an inferior Dulwich side. Davies and Durn laid the foundations with Durn making 40 and Davies 41. Brink contributed 23 as the last resistance from a tepid middle order. Further rash shots from the tail end completed the rout.

Guy's v. Queen's College Oxford (30 overs-a-side): *Guy's 150–4, Queens 151–5 in 30 overs; lost by 5 wickets.*

Queen's won the match on the last ball after inept fielding by Guy's had kept them in the game. When Guy's batted, Millar was the star with a hard-hit 62*. Brink made 26 and Masani an invaluable 23* as Guy's set a total that should not have been assailed.

Mid-Season Averages

Batting

(qualification – five completed innings)

	I	No	Runs	HS	Avge	50
Durn	8	1	273	72	39.00	2
Millar	9	2	200	62*	28.57	1
Crowther	8	1	176	58	25.14	2
Brink	10	1	184	37	20.44	–
Davies	6	–	107	39	17.66	–
Masani	7	1	102	24	17.00	–
Pocock	8	2	78	38	13.00	–

Also batted: Shannon 2, 6, 20*, 0, 0; Vowles 1*, 0, 0*, 0; Singh 0, 9, 2; Cranston 33, 53*, 6; Deepak 6*, 0, 2; Seare 26, 12; Russell 4, 6; Bailey 0, 1; Tucker 5; Redman 0; Beardmore 0*; Williams 32; Hawkes 0; Guppy 0, Sethi 2; Dann 0*.

Bowling

(qualification – five wickets in five innings)

	O	M	Runs	Wkts	Avge	BB	R/O
Vowles	80.2	12	206	16	12.87	5–56	2.575
Pocock	85	17	280	14	20.00	3–45	3.293
Shannon	109	20	331	15	22.06	3–11	3.034

Also bowled: Cranston 29.3-4-145-11; Singh 31.2-8-56-11; Crowther 8-0-38-3; Beardmore 5.3-0-17-2; Millar 18-1-82-6; Brink 7-1-35-1; Tucker 11-0-52-1; Redman 8-2-30-1; Guppy 2-0-20-0; Durn 0.3-0-5-0; Williams 14-3-52-3.

Catches: 7 – Crowther; 6 – Brink; 4 – Davies; Shannon, Millar; 3 – Tucker, Masani; 2 – Deepak, Vowles; 1 – Russell, Cranston, Pocock, Bailey, Durn, Seare.

Appearances: 11 – Pocock, Brink, Shannon; 9 – Millar, Crowther, Vowles, Masani, Davies; 8 – Durn; 5 – Singh, Deepak; 4 – Cranston; 3 – Beardmore; 2 – Russell, Tucker, Bailey, Seare; 1 – Redman, Williams, Hawkes, Guppy, Sethi, Dann, Mislen, Carruthers, Thomas.

Serious Captain.

BOAT CLUB

U.H. Bumps

The bumping races are probably the highlight of the U.H. rowing season, being rowed on three consecutive days, over a spirit-breaking two mile course. All in all a rare *bonhomie* fills the boathouse for the three days, despite the fierce competitiveness on the river. All 25 crews in a single division line up on the bank 2 lengths apart (give or take a length), and start together, the object being to catch the crew in front, thus achieving a bump. The two crews involved in the bump then take no further part in the race. The ultimate goal of all crews is to achieve three consecutive bumps on each of the three days of racing, and this is where the story begins . . .

Day 1: U.L. boathouse,Chiswick

Frantic efforts by the Anti-Social Secretary (ASS) succeeded in assembling, and almost organising, the crews for the day, one containing two people who had never rowed before. One of these gallant chaps was heard to say of his equally inexperienced counterpart, "I'll be better than him, at least I've rowed on the Serpentine." Fortunately these wise words did not reach the ears of the Welshman, who seemed to spend more time cycling up and down the towpath, like an expectant father, than playing his normal ice-cool "I-don't-actually-know-what-I'm-doing, but-I'm-in-control" role. ASS, meanwhile, was spitting blood (or was it spit) in his efforts to get the 1st and 2nd ladies' crews boated for the first race. "Which boat to row? Which blades to use? Who's going to cox? Who am I?" Just call me Confused of Chiswick. We managed to get rid of him, by wedging him firmly into the cox's seat of the ladies' 2nd eight.

Up at the start the crews were ready to race, with one exception, – Guy's 1st ladies – "No, Dheeraj, they're supposed to be pointing *away* from the bank." Clark Kent played Spiderman to try to hold the ladies steady in the water, and help them to get a good start. Team Wimp stayed on the bank and point blankly refused to get his feet wet. He tried to buoy the crew up by laughing, but they didn't respond. The gun went for the start, and panic set in amongst the splashing. The ladies' 1st, almost unable to row at all on bow-side, headed straight along the bank. At great speed they rowed towards an innocent bystander, waist deep in the water from having helped his own crew start. The ladies were determined to bump something, but he ducked the first three blades. Still, there was the fourth, which cracked him smartly on the back of the head. "What have I done?" he asked innocently. "Wrong name on the U.C.C.A. form, pal!" Slowed by the collision, but also by the poor start, the ladies were bumped by Bart's. Up river, the ladies' 2nd crew had bumped George's, or had they? They rowed past the cheering crowd, *arms aloft in a victory salute*, (Cambridge eat your heart out) – but, hang on, hadn't George's already bumped the crew in front of them? They had. Hearts sank, 1½ miles to go, with no hope of an overbump, but still, no chance of being bumped either – a row over today.

The men's 2nd eight assembled. Seats in the boat were randomly allocated, apart from stroke, who had graduated up from the playing fields of HOP. Our newcomers took to rowing like ducks to dry land. Things looked bad, as we reached the starting point with less than two minutes to spare. A wave of grim determination spread through the crew. The start gun went. Off rowed the eight, fuelled by their desire for victory. George's didn't stand a chance. Guy's drew level, and the bump was nigh. A cheer went up that shook the Thames from Richmond to Chiswick.

The final race of the day contained the men's 1st eight. Pipecleaner glasses were given out, and eight Clark Kent lookalikes got into the boat. Hopes were high due to a low starting position. Clark gave the watchword of "More beef, boys," and Guy's were off. Bart's were soon caught, and the second bump of the day achieved. Time enough left only for the City Barge, and the laying down of various ignoble challenges.

Day 2

ASS *was kicked into action again.* Team changes just had to be made, but who for whom? Could we fit ten men into an eight? Back from the brink of a breakdown, and down to the banks of the Thames, where troubles were as easy to find as waves, ASS was busily creating more. Meanwhile Clark was raging about the absence of Team Wimp. He would have gone in search of him, but couldn't find a convenient telephone kiosk to change in. The ladies boated, and made it to the start, in time. No steering problems today, – the bank stayed firmly in place, and the bystanders, now aware of the potential threats, were quick to take evasive action. Off they rowed, the 2nd's achieving a technical overbump, downgraded to a bump the next day. In the 1st boat, our Pres. had decided she wasn't up to stroking, and into her vacant seat had jumped Helly, straight from the bath. The crew in front of them bumped their opponents, and dropped out. Whipped by the disappointment of the previous day (and Dheeraj), they tanked down the river. Just as the finish was coming into sight, they ground down the opposition, and made a well deserved overbump.

The men's 2nd crew took to the river, hopes high, but back they came, without even starting. For the sake of saving a few minutes, the organisers, in their rather finite wisdom, had decided to start the race without them.

Team Wimp hitched a lift from the Charing-X team bus, in time to get to his appointed place in the men's 1st boat. Off they went, hearts high, but no glasses, today it was serious – Tommies were the crew to be caught – and they were, within the first half mile. No problem! Time for more drinks in the City Barge.

Day 3

Someone had given ASS a dose of diazepam; either that, or everyone had given up listening to his inane rantings. Still he had to change something, so he swapped the 1st ladies' blades for the ones he and Plunger had painted earlier that week. "They look pretty good, even if I say so myself," he said. Unfortunately, they didn't quite do the trick. Almost, though, as the ladies' came to within a canvas of the opposition, but were, alas, held off until the finish. Meanwhile, up river, the ladies' 2nd crew were rowing magnificently, chasing a bump for the second successive day. A gentle nudge into the boat in front, a cheer, and then they relaxed, ready for the evening's festivities – a successful outing to conclude their bumps. Not so the men's second crew. Team Wimp had been cajoled, by a neat piece of subterfuge from the Welshman, into standing thigh deep in the Thames, to help them get a good start. They didn't, – and headed straight for the bank, with no bystanders to stem their passage. The Welshman looked on incredulously, as ASS deposited the boat neatly on the shore, without the merest hint of a pub in sight. No consolation in being the unluckiest crew on the river, sadly they had to row home, bumped again.

Into the same boat jumped the men's first crew. As well as the possibility of bumping for the third consecutive day, thus winning oars, there was the chance of sinking due to the damage sustained by the boat in its previous outing. The air was thick with tension; today was, on paper, the hardest of the three. But the crew were confident. The klaxon sounded, and Guy's were off to their best start of the week. "You're gaining, you're gaining," the cox shouted, as we pulled to within a canvas of the London. It was then that disaster struck. Plunger's feet, hitherto screwed into the boat, broke. The boat began heading towards a stationary barge, moored solidly in the river. Curlylocks' blade hit the above barge, and to avoid further collision, all stroke-side pulled their blades in. Tempo was regained, but Lady Luck dealt us a severe blow to the groin, as the Welshman simultaneously followed Plunger's fate, fell off his seat, and deposited his blade in stroke's lap, much to the latter's surprise. The bump was lost and we rowed over. Thus ended the U.H. bumps of 1986, apart from the odd bet which was won (more by luck than design), and the odd bet which wasn't.

CREWS:

Men's 1st: S. Khakoo, A. Brown, S. Huins, T. Rose, S. Andrews, A. Ward, C. Peebles, D. Quick. Cox: D. Mehta.

Men's 2nd: P. Hailey, N. White, C. Pugh, N. Beasley, N. Yardy, D. Maudgil, A. Tufail, C. Lee, D. Bailey, A. Goode, D. Mehta. Coxes: S. Khakoo, A. Renshaw, S. Andrews.

Ladies' 1st: G. Skailes, H. Palmer, M. Yeung, S. Cuffin, S. Griffen, S. Duncan, S. Robinson, C. Barnwell, S. Cockayne. Cox: D. Mehta.

Ladies' 2nd: Mandy, D. Mather, C. Killick, D. Bradley, J. McCurrick, A. Renshaw, S. Cuffin, S. Newns, M. Hudson. Coxes: S. Andrews, A. Renshaw.

SPLASHER

ATHLETICS CLUB

London University Intercollegiate Champs
29th and 30th April 1986

Contrary to popular or unpopular belief, Guy's won the Bellway's Women's Trophy, *not* St. Thomas' due to faulty maths by Imperial Colleges' computing dept. The men came 4th and the combined score put Guy's 3rd overall behind Imperial and St. Thomas'.

This is an amazing feat in itself as we had an ever-so-slightly depleted team but thanks to many athletes doubling (tripling etc.) up on unusual events we got by.

One of the high points of Tuesday was a great points haul by our talented Polevaulters, Grahem Meharg and Nigel Monaghan. Grahem eventually dominated once he had worked out his trajectory and sorted out his mental approach to the bar! These two pioneers also competed in the 400m Hurdles at the last minute. Nigel came 4th in the final. The versatile Nigel also competed in the 110m Hurdles (4th), High Jump (5th) and Triple Jump (5th).

In the throws Mark Sinden came 5th in the Discus and 4th in the Hammer. Pat Davies after coming 4th in the Discus, had a go at the Hammer and 800m . . . say no more but he didn't smoke all the way round. Richard Healicon was placed 2nd in the Shot and threw the odd Javelin with Mark Dinwoodie who came 6th.

Now on to the volunteers who were dragged out of the Spit under duress to compete. Pete Mackenzie ran well to come 5th in a gruelling 2000m Steeplechase. He was backed up by Al Ward who then wiggled his way round the 2000m Walk. Will Miles also showed how fit he is by finishing 4th in the 3000m behind St. Thomas' international athlete. Colin Hawkes and Mike

Coleman were a notable double act in the 200m and the Long Jump. Mike Allen at very short notice ran well and finished 2nd in the 400m and was backed up by Neil Yardy. Sal . . . what can I say . . . great 800m.

As already stated but not trying to rub it in, the women on a recount beat St. Thomas'. Which is "quite unbelievable David" as there were only 4 women competing.

Our bright new star Elli (Elspeth) Elson when she finally put the bloke in the pink shorts down, won the Discus with a very impressive throw. No task too great, she competed admirably in the Shot and Javelin coming 5th in both. She then went on to prove her versatility by emptying the sand pit with every Long Jump. Kim Chesterfield once again proved her worth by finishing 3rd in the 800m and 400m and a notable 5th in the 100m.

Another new recruit Kate Laughton ran well to finish 6th in the 400m after previously running in the 200m. "J. T. Knit One Purl One", suffering from an attitude problem, came 1st in the 100m Hurdles, High Jump, Javelin, 2nd in the Shot and 3rd in the Long Jump.

Joanne Taylor

P.S. Granny (knit one, purl one), looking extremely sexy in black footless tights, was encouraged by her band of tame rugby players to great achievements (all five or six of them). A trolley was arranged to collect her medals from a most eloquent commentator from Goldsmith's (an old friend, oh gorgeous, lovely and beautiful one!).

A. Fresher

British Universities Athletics Championships – Derby
4th and 5th May 1986

Guy's had two athletes competing for London University at Derby. New star Elli Elson and Knit One Purl One. The standard of competition was very high.

Elli competed well for a 4th place behind two international Discus throwers and then excelled herself by thundering round the 3rd leg of the 4x100m relay for U.L. with Knit One Purl One on 1st leg for a bronze medal.

Knit One Purl One had her attitude problem, whether to putt the Shot or do a spot of flower arranging. She chose the latter!, coming 5th in the Shot and Javelin, 8th in the 100m Hurdles and 3rd in the High Jump.

(To recuperate K1P1 then opted to go to Birmingham for some exra training with a certain International Decathlete, but on second thoughts decided to look after her flock of girlies by chaperoning them to Pizzaland. Aarrh! – A. Fresher.)

Dear Elli. Thank you for a most enjoyable weekend. You can't sleep your way right to the top by sharing a room with the Captain. But you can get close.

Joanne Taylor

RUGBY FOOTBALL CLUB

1st XV results:

Bromley	H		Canc.
Taunton	H		Canc.
Old Alleyians	H		Canc.
South Moulton	H	W	48–16
Newbury	A	L	47–17
Cambridge City	A	W	21–0
Guildford	H	L	48–14
Old Whitgiftians	H	L	22–10
Past XV		L	18–11

South Moulton – a good game against a very friendly opposition touring side (Charlie Popplewell's old boys). By all accounts the contest was fast and furious with "Longbones" Thomason giving a good performance and scoring a try; the opposition were somewhat handicapped by an early morning journey up from Cornwall but played with spirit nevertheless. Several people scored several tries but the details have been lost with time.

Newbury – 12 people assembled for the off at lunchtime – where could an extra 3 be found at such short notice? Even J. Leigh was unavailable having undergone recent lipolysis treatment. A plunder of St. Christophers yielded two unwilling fresher hockey players, and the redoubtable Frank Guppy completed the trio. Not surprisingly we were soundly beaten, a measure of credit being due to Guppy for his fiery performance and fine try. Everyone had a very enjoyable night especially Al Fresher who decided to leave something in the coach to be remembered by.

Cambridge City – sterling stuff!! The first (and only) "shut out" of the season. The pack was dominant and the backs were inventive, which resulted in many fine tries but unfortunately the names elude me again.

Past vs. Present – unavoidably the hardest-fought, most bitter game of the season. Granny Poole marshalled the old men around in a very serious way whilst Docker tried hard to upset him, and managed it very successfully. The larger Past pack made their physical presence felt early on which the Guy's pack countered with some fast attacking rugby. There were many good performances by players of both sides and everyone seemed to enjoy themselves.

Present: Seare, Dixon, Lewis, Davis, Thomasson, Scalon, Meharg, Bowskill, Docker, Davies, Thomas, Beardmore, Coleman, Mackenzie, Hackett.

Past: Evans, Rose, O'Connell, Keevil, Beard, Brazier, King, Chew, Poole, Slazer, Jones, Maggs, Reece, Haley.

Surrey 7's: with two serious injuries and loss of a contact lens in the first game we were forced to scratch from the competition. Thus, what promised to be a day of glory ended in profound dejection with the team finding scant solace in the bar.

Middlesex 7's: 2 teams were sent – a 1st 7 and Dr. Gibson's "All Stars" – and they played spiritedly against stiff opposition, only to be knocked out after the first round. The Captain then proceeded to lead St. Mary's 2nds (who were leaderless – what's new?) to victory over Old Windsorians. This just goes to show that brute force, when directed intelligently, can be of some good use and that the Guy's man still possesses the innate qualities of leadership that are the envy of so many other hospitals.

Guildford and Old Whitgiftians were games we could have won but for the end-of-season blues, that became apparent; there were individual moments of invention in both games but the spirit was not really there. Perhaps this is not too surprising considering that there were 36 scheduled 1st XV fixtures (31 played, 9 won) plus a whole host of Wednesday games. Nevertheless, I think that most would agree that we had many very enjoyable moments together this season.

It only remains to wish the noble Richard Docker the best of luck as he leaves Guy's for different pastures. He has shown unswerving loyalty to the Club, and has been an inspiration to many, both on and off the field. His presence will be greatly missed.

Barber

Dentists vs. Medics

The final game of the season at H.O.P. saw the inaugural event of a Dentists' versus Medics' encounter. The start was lively enough, with "Stick Insect" Dooley hopping through the opposition to finish a good forward drive and score for the Dentists. Both teams were running the ball at every opportunity especially after Dunwoodie had proved himself incapable of finding goal with several kicks for the Medics. The Dentists even resorted to a novel ploy of having the "Fat One" bullock himself into as many of his team mates as possible from a tap penalty, not only confusing the opposition but also stopping him in his tracks (nice one Puke Head). The Medics were feeding off an unexpected amount of ball which saw their backs running fluently to release both Thomas and McKenzie for first half tries.

The break saw its fair share of casualties, Dooley had felt someone touching his knee in a ruck 10 minutes earlier and thought it wise to call it a day while Watts and Mutlin left the field complaining of the previous days' knocks but were quite obviously sporting very fat heads in the process.

On trooped Lady Di, (who having turned up late didn't appreciate the carnival atmosphere) marring the occasion by dropping a goal from the 22 when a couple of stitches or concussion from a headlong dash for the line would have done admirably.

When Franco "Stock Car" Guppy wasn't giving his own side monopia he was either selling dummies faster than Mothercare or trying his hardest to put Pete Baldwin in hospital with those teasing lob passes that have become his trade mark. With such little room to move in, the Dentists backs never got going and could only watch as the Medics provided a second half display of slick handling to see Thomas, McKenzie, White, Dunwoodie and Piltdown all cross the Dentists' line. Their obvious disarray was enough to promote a coup from full-back with Mike "Skips" Coleman taking the helm, too late however to prevent a final scoreline of 39–4.

Many were to rue the night's festivities, none more so than Roy (previously of Watford and Millwall), who insisted that "Rabbit Rambo" standing in a dustbin, having a bucket of slop thrown on him, then having it cleaned off courtesy of Pilt's hosepipe was not quite professional behaviour; and if it wasn't mopped up, the whole disgraceful episode would be reported to higher authorities. He was greeted in the true spirit of the occasion with jeers a-plenty and more gastric contributions from Guppy, Pocock, "I'll never drink Cornish pasties again" Docker, Di, Pilt and Redman. "Time for bed", said Nigel and promptly withdrew, night night all . . . zzzzz

Vico Slemon

RIFLE CLUB

This year has again seen an enthusiastic input of freshers to the club, and we should be able to field strong small-bore and full-bore teams for some years to come. Simon Horner and Simon Smallwood have been captaining the London University full- and small-bore teams, respectively, and both represented English Universities in a match against Scotland. Simon Smallwood also recently won the Berkshire Open (along with the Closed and Junior Championships), dropping just one point over twenty shots, at distances of 300 and 600 yards. Adam Slade and James Quinn have also been shooting regularly for the University. The Club welcomes Dr. Standring, from the Anatomy Dept., as our new President, and we would like to take this opportunity to thank Prof. Naylor for filling this office in the past.

On Saturday 10th May the club held a small-bore competition, in which pairs of shooters attempted to shatter five half-inch clay discs (from 25 yards) in the shortest possible time. Afterwards an informal dinner was held, which proved very enjoyable (despite the original "dumb-waiter"); our guests were Dr. Standring and her husband, a former captain of the club. It is hoped to make this an annual event.

Finding range time for practices for clinical students and for home matches continues to be a problem, although we hope to solve this shortly. A generous equipment grant has enabled us to purchase a full-bore rifle and some much needed shooting jackets; it is to be hoped that the replacement of old and out-dated equipment will continue over the next few years. With three teams entered for the United Hospitals' Cup, we look forward to a successful summer.

Team: D. Alderson (Capt,), S. Horner, R. Miles, A. Paddon, A. Slade, S. Smallwood, E. Wych.

Small Bore?

Hospital Information

PAPERS BY GUY'S MEN

Adcock, I. M. and Greenstein, B.D. Sexual dimorphism of messenger RNA isolated from neonatal rat brain. **Journal of Endocrinology**, 1986, **109**(1), 23–28.

Alegre, V. A., Macdonald, D. M. and another. The simultaneous presence of Langerhan's cell and interdigitating cell antigenic markers on inflammatory dendritic cells. **Clinical and Experimental Immunology**, 1986, **64**, 330–333.

Belcher, N. G. and Rees, P. J. Changes in pulmonary clearance of technetium-labelled DTPA during haemodialysis. **Thorax**, 1986, **41**, 381–385.

Bennett, A., Frampton, G. and Cameron, J. S. Platelet-associated IgG in idiopathic glomerulonephritis and the nephritis of systemic lupus erythematosis. **British Journal of Haematology**, 1986, **62**, 695–703.

Berry, A. C. and Chantler, C. Urogenital malformations and disease. **British Medical Bulletin**, 1986, **42**, 181–186.

Berry, M. and Spector, R. The nerve cell. **Developmental Medicine and Neurology**, 1986, **28**(1), Suppl 51.

Bouras, N., Hale, A. S., Bridges, P. K. and others. Ventricular size and CSF transmitter metabolite concentrations in severe endogenous depression. **British Journal of Psychiatry**, 1986, **148**, 386–392.

Cameron, J. S. Acute renal failure – the continuing challenge. **Quarterly Journal of Medicine**, 1986, **59** (228), 337–343.

Cawson, R. and another. Common dental disorders. **Medicine International**, 1986, **2**(28), 1129–1133.

Cawson, R. and another. Disorders of the salivary glands. **Medicine International**, 1986, **2**(28), 1146–1148.

Cawson, R. and another. Temporomandibular joint disorders. **Medicine International**, 1986, **2**(28), 1149–1150.

Cawson, R. and another. White, red and pigmented patches. **Medicine International**, 1986, **2**(28), 1138–42.

Cochrane, G. M. and Lewis, L. D. Systemic steroids in chronic severe asthma. **British Medical Journal**, 1986, **292**(6531), 1289–1290.

Eveson, J. W. and Cawson, R. A. Warthin's tumour (cystadenolymphoma) of salivary glands. **Oral Surgery, Oral Medicine, Oral Pathology**, 1986, **61**(3), 256–262.

Hayward, J. L. and others. A prospective study of mammographic parenchymal patterns and risk of breast cancer. **British Journal of Radiology**, 1986, **59**, 487–491.

Higgins, P. M. and Sunley, B. Guy's Department of General Practice. **Update**, 1986, **32**(9), 828–833.

Jarret, R. J. and another. Mortality and associated risk factors in diabetics. **Acta Endocrinologica**, 1985, **110** Suppl 272, 21–26.

Kennedy, C. R., Robinson, R. O. and others. A major role for viruses in acute childhood encephalopathy. **Lancet**, 1986, **8488**, 889–991.

Lewis, L. D., Isaacs, P. E. T. and others. Human gastrointestinal absorption of acyclovir from tablet

The
Professionals
in
Protection

Founded 1892

The Medical Protection Society

50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: 0532 442115

duodenal infusion and sipped solution. **British Journal of Clinical Pharmacology**, 1986, **21**, 459–462.

Lumsden, A. G. S. and Buchanan, J. A. G. An experimental study of timing and topography of early tooth development in the mouse embryo with an analysis of the role of innervation. **Archives of Oral Biology**, 1986, **31**(5), 301–311.

Luke, D. A. and others. A simulation approach to understanding the masticatory process. **Journal of Theoretical Biology**, 1986, **119**, 251–262.

Mason, P. D. Metabolic acidosis due to D-lactate. **British Medical Journal**, 1986, **6528**, 1105–1106.

Mundy, A. R. Urethral strictures. **Surgery**, 1986, **1**(31), 724–729.

Nixon, A. Testosterone metabolism by isolated human axillary corynebacterium SPP: a gas-chromatographic mass-spectrometric study. **Journal of Steroid Biochemistry**, 1986, **24**(4), 887–892.

Robinson, R. O. and others. Body schema: does it depend on bodily derived sensations? **Developmental Medicine and Child Neurology**, 1986, **28**, 49–52.

Ruppia, D. C., Murphy, G. M. and Dowling, R. H. Gall stone disease without gall stones – bile acid and bile lipid metabolism after complete gall stone dissolution. **Gut**, 1986, **27**, 559–566.

Scott, D. J., Blackford, H. N., Joyce, M. R. L., Mundy, A. R., Kinder, C. H., Haycock, G. B. and Chantler, C. Renal function following surgical correction of vesicoureteric reflux in childhood. **British Journal of Urology**, 1986, **58**, 119–124.

Spencer, J. D. Bone and joint infection in a renal unit. **Journal of Bone and Joint Surgery**, 1986, **68B**, 489–493.

Spencer, J. D. and others. Early avascular necrosis of the femoral head. **Journal of Bone and Joint Surgery**, 1986, **68B**, 414–417.

Tomlinson, N. E. and another. Radiation hazards for cardiologists. **British Heart Journal**, 1986, **55**, 421–422.

Wild, J., Read, A. P., Sheppard, S., Seller, M. J., Smithells, R. W., Nevin, N. C., Schorah, C. J., Fielding, D. W., Walker, S. and Harris, R. Recurrent neural tube defects, risk factors and vitamins. **Archives of Disease in Childhood**, 1986, **61**, 440–444.

BIRTH

LARVIN – On December 19th, 1985 at Leeds General Infirmary, to Kenya and Michael, a son – Christopher Michael, a brother for Elizabeth and Catherine.

PERSONAL

NORTH YORK MOORS National Park. Spacious cottage to let. Sleeps 9 and cot; all electric. Beautiful open views – on owners' farm. £60–£150 per week. Contact Mrs. M. C. Danaher, 33 Ashby Road, Ravenstone, Leics. 0530–36122.

FOR SALE. Golf clubs. Full set 9 irons. New, unused. £95.00. Tel: 01–677 5983.

WAS TYLER KENT GUILTY? Whatever your verdict, Chris Forman would like to hear from you. Tel: 01–434 1024 or 349 2405.

DEATH

BULLEID, Kate Gertrude (Kitty). Died on March 1st 1986, peacefully at Chalfont Hospital. Widow of Arthur Bulleid, M.R.C.S., L.R.C.P., F.D.S.

CHANGE OF ADDRESS

GLENN, Dr Roger and Mrs Beryl, Little Sutton, 29 Dukes Road, Lindfield, West Sussex RH16 2JQ. Telephone: Lindfield 4250.

Guy's Hospital Key Rings

GUY'S
HOSPITAL

High quality key rings in blue
with gold motif

Available only through the Gazette

Cost 60p each (+ 10p p. & p.)

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

Guy's Hospital Gazette

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITOR	THOMAS BRINK
ASSISTANT EDITORS	NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITORS	JONATHAN CIESLICKI AND JEREMY GREGG
SPORTS EDITOR	NAVROZ MASANI
PHYSIOTHERAPY CORRESPONDENT	RONALD COOPER
MANAGER	SYLVIA RODD

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

THE WILLS LIBRARY
22 JUL 1986
GUY'S HOSPITAL MEDICAL SCHOOL

Contents

Page
PASSIM 233
NEWS IN BRIEF 234
CLUBS' UNION NEWS 235
MEDICAL STUDENT SELECTION PROCEDURES
by Neville Purssell 237
MEDICAL PROBLEMS IN THE THIRD WORLD Part 2
by Marcia Hall 239
THE FISON LECTURE – A TRANSCRIPT
by Professor R. Warwick 245
MICHELET 253
COMMUNITY PAEDIATRICS – REPORT ON AN ELECTIVE
by Kim Robbins 255
GUY'S IN THE TWENTIES
by H. N. W. Harley 257
DENTAL NOTES 261
DENTAL SOCIETY REPORT
by Rosemary Bryan 262
PHYSIOTHERAPY 265
BOOK REVIEWS 266
CORRESPONDENCE 269
SPORT 271
HOSPITAL INFORMATION 273

JULY 16, 1986 VOLUME 100 NUMBER 2364
Published Monthly at Guy's Hospital, London. All rights reserved.

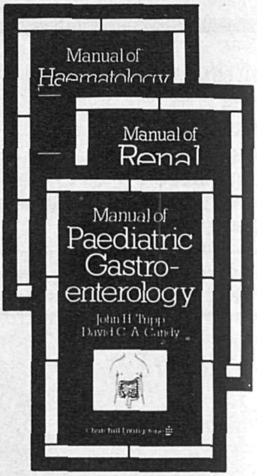
Pass your exams with Churchill Livingstone

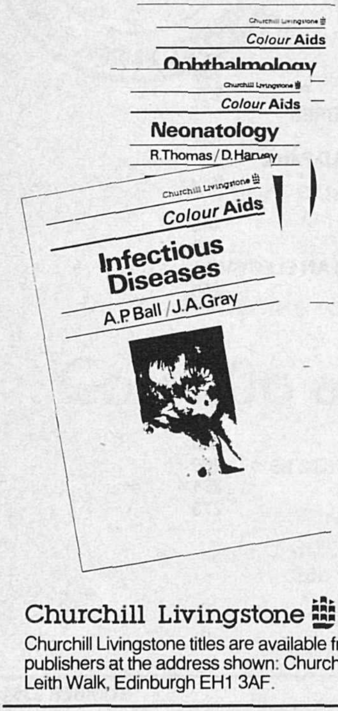
The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll


Manual of
Haematology
Manual of
Renal
Manual of
Paediatric
Gastro-
enterology
John H Tripp
David C A Candy
Churchill Livingstone


Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious
Diseases
A.P. Ball / J.A.Gray

Colour Aids

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

Student Clones – the typical medic or dentist

Although this is an issue which is perhaps too complicated to discuss in *Passim* with any realistic hope of reaching a balanced conclusion, I feel that it was touched on so superficially in last month's editorial that further space should be given to it . . . Is the education we receive before applying to medical and dental schools restricting the range of individuality and eventual versatility of candidates ultimately accepted for places? (See article on "Current Selection Policy", page 237).

Cast your mind back to the dilemma, following 'O' levels, of choosing an educational avenue which made most sense at the time. Many argue that the scope is broad and that armed with 'A' levels in biology, chemistry and physics or maths one can do anything. The trap is set! The embryonic dentist or doctor is committed. Without these subjects they will either not be accepted or they will have great difficulty coping with the course when they arrive.

Conveniently – a travesty in my view – virtually all other disciplines are dropped so that the 'A' level student can more fully concentrate on the "important" subjects. At the time this appears to be a godsend because the scheme of 'O' levels, with astounding effectiveness, generates a pathological desire to give up all the "boring" subjects, (usually those a pupil is not good at). The result of this . . . You get into Guy's to study the appropriate course and join two hundred other people with 3Bs, whose educational differences can only be detected if you trace their schooling back to kindergarten days! Of course this is a monstrous exaggeration. However, it serves to highlight the basic loophole in the education which most students currently at Guy's (elsewhere as well), have undergone. Essentially we are all the same because we gave up art, English, French, geography, history and music, in preference for the "Big Four". This surely applies, in part, to the other student bodies present at a teaching hospital too. Homogeneity of past learning also affects nurses, physiotherapists and radiographers.

No matter how fair a selection policy a hospital has for its full range of applicants, it cannot escape the fact that these aspiring "medicos" are more and more likely to be of one type. Where can one possibly glean the evidence to show that these "clones" (Us!), are ultimately best suited to the profession they have chosen?

The facts of *Lift*

I would like to draw the readers' attention to a letter in the Correspondence section this month. It reprimands, good-naturedly, the quality of information obtained for the section on lifts in last month's editorial. Dare I say that an element of dear *Cedric Bore*'s technique of over-hearing idle conversation may have crept in. Nevertheless, in defence of our editors, the recent scenes in the foyer of the Tower were remarkable. They reinforced the feeling that people attending for dental treatment might be intimidated prior to successful arrival at the appropriate floor. On this occasion the precipitating factor was the sight of clipped lift-cables snaking out on to the floor from the disemboweled goods-lift, whilst would-be patients looked on bewildered. Surely this essential maintenance could take place more discreetly on the first or second floor?

Research

As a consequence of self-scrutiny, it has become clear that the *Gazette* could comfortably incorporate a section on current research topics at Guy's. Several replies to the introspective editorial of the May 3 issue back up this feeling and we hope soon to be able to publish articles along this general line. The intention is to provide our readership with material which is not readily available to those outside the Guy's campus, removed in time and space. This would serve to enhance the link between on-going and historical events which seem to have drifted apart recently, not to mention intra- and extra-Guy's people!

News in Brief

MacDonald Cup Golf

The Annual Dental Staff and Students Golf Day took place at Woodcote Park Golf Club, Coulsdon on Friday 23rd May. There was a need for an umbrella to begin with, but soon the drizzle relented and it was then fine all day. The MacDonald Cup was won by Jon Hyder with the fine score of 38 points and Dr. S. J. Challacombe won the newly presented A. D. Robinson Cup with a sterling 29 points.

The venue proved successful and the course was in magnificent condition. In the evening a very pleasant meal was had at the Red Lion Restaurant, Coulsdon. Next year's event will be held at the Addington Golf Club.

Armed Services Consultantships

On December 19th, 1985, at an Armed Services Consultation Accreditation Board, at the Royal College of Surgeons, the following Guy's graduates were appointed Consultants in General Surgery:–Surgeon Commander John Soul, F.R.C.N., RN, Squadron Leader David Jones, F.R.C.S., RAF, (both ex-Student Union presidents) and Squadron Leader Drew Richardson, F.R.C.S., RAF.

Clubs' Union News

Echoes resound through the Colonnade, as the last of the finalists left the confines of the Medical School to start their medical and dental careers. The highlight of the farewell parties was the Final Year Ball, smoothly organised by John Edwards and Marcia Hall.

The best news this month, certainly for the hardened alcoholics amongst us, is the long awaited reopening of the bar on Saturdays. It opens at 6 p.m. Make sure you use it if you want it to remain open!

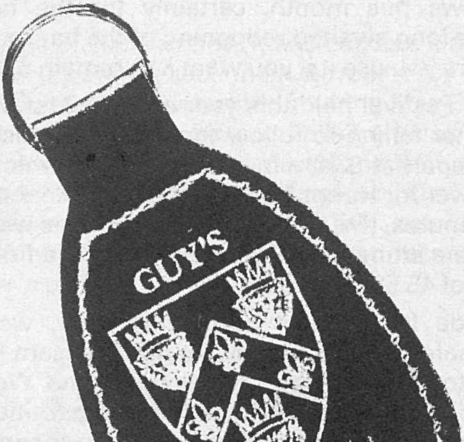
The Summer Festival held this year on May 31st, was a great success despite the weather failing to follow the almost perfect tradition of recent years. The day began at 9.30 a.m. sharp with the mini-marathon runners leaving Guy's Tower for Honor Oak Park. Stewart Rackstraw came in first in a time of 31.01 minutes, (Dr. Hutchinson had had his watch mended for this year!) – let's hope a student can win next year! The first lady in was Hilary Moakes in a time of 45.58 minutes.

The five-a-side football, as popular as ever, went on all day and eventually culminated in another win for the Pheasant Pluckers. The tennis resulted in a victory for Simon Charlesworth and Wendy Harris. A new venture this year was the ladies volleyball competition, which proved a great success and was won, perhaps a little unexpectedly by a team dragged together on the day. Mike Seare's "fats team" managed to pull through in the tug of war again and the obstacle race tested even the hardiest of men and the iced swimming pool froze everything off the brassiest of monkeys.

The day ended with an excellent jazz band followed by a more traditional "hop-type" band and then the ever faithful plasma road show. Everyone seemed to enjoy themselves despite the weather and thanks must go to all who helped, especially to Joyce and Eric Dann for all their preparations and keeping the food and beer flowing all day. Finally special thanks must go to our sponsors: M.P.S., M.D.U., M.S.S., Price-Waterhouse, B.M.A. and B.M.A. Services; the Nat-West Bank and all those who generously donated raffle prizes.

Gerry Skailes
President

Guy's Hospital
Key Rings



High quality key rings in blue
with gold motif
Available only through the Gazette

Cost 60p each (+ 10p p. & p.)

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

Medical Student Selection Procedures

by Neville Purssell

Alongside the latest rumours and developments concerning the London medical schools comes the news that the United Medical and Dental Schools of Guy's and St. Thomas's are adopting a single admissions procedure and policy for medical students. Since the merger in 1982, the administrative machines of the two schools have combined, 'compatible' curricula for Basic Medical Sciences and Pharmacology are already being taught and a common clinical curriculum is being devised. Now applicants to study medicine from October 1987 onwards will experience the wider identity of Guy's and St. Thomas's from an earlier age. Candidates for either school will now have to apply through UCCA to study for M.B., B.S. at U.M.D.S. After scrutiny by one of the Sub-Deans (one from both schools), selected candidates will be invited for interview and either will be given an offer conditional on 'A' level results or their application will be rejected. If the offer is accepted, the candidate is then invited to state a preference for studying at either Guy's or St. Thomas's, or to state if he/she has no preference. Only after 'A' level results are known will the candidate be informed at which school he/she will be studying.

So what's new? Nothing much on the surface and probably not much to the candidate either. After all, Guy's and St. Thomas's are both part of U.M.D.S. and as our great leader across the river is a well paid-up subscriber to private health, the attraction of St. Thomas's to the fanatic or the faithful diminishes somewhat. However, there is bound to be a difference in student selection when two different ideas are merged. Traditionally, St. Thomas's admissions policy held that the interview was the most important discriminant for selecting future doctors. Thus they made only a few offers which, as they were to the preferred candidates, were fairly low – 2 Bs and a C or lower. Such grades were normally achieved. Contrast this with the policy at Guy's where a majority of candidates were offered places after interview, conditional on 'A' level grades of an A and 2 Bs – an A in chemistry was often specified. Thus selection was based less on interview, where candidates from public schools were generally thought to perform better, but academic merit. Thus an attempt at equality was made and also more offers could be given. Both systems were not entirely happy. The ethos at St. Thomas's meant that many successful candidates were middle class, socially adept, educated privately etc. Guy's methods tended to accept a wider social spread of candidates; however, is achievement at 'A' levels the most important indicator for selecting future doctors? Obviously the two approaches have to come to a compromise, which hopefully will incorporate the merits of both. In future, interviews will take place at either campus and the panel will include at least one of the Sub-Deans and members from both St. Thomas's and Guy's. The emphasis on the interview in the selection procedure will be rather greater than has been the case at Guy's in the recent past. Fewer candidates will receive offers and these will probably be for 'A' level grades of 3 Bs.

With regard to campus selection, there is a slight odour of Big Brother around. There is no guarantee to candidates that their preference for either campus will be respected. If the preferences don't add up an even mix between the two Schools will be sought in respect of sex, ethnicity, cultural and sporting abilities. After all, can you see one school allowing the other to build up a winning rugby club at its own expense? The only trouble with diluting the talent 50:50 in this way is that the opportunities for excellence in extracurricular activities may be reduced. Which asks the question of whether future students will use their union with St. Thomas's more fruitfully than do the present in order to raise their standards and increase the scope of activities in such fields as music, theatre and, perhaps, minor sports.

There are two groups of applicants who might conceivably lose out in these changes. One is the son or daughter of an ex-Guy's or St. Thomas's person. In the past, this relationship would probably guarantee you an interview at least. After that it was up to the candidate – officially, at least. Now it might not even be worth an interview. After all, being the offspring of a Guy's person is hardly going to impress the St. Thomas's people on the selection panel; and, no doubt, vice versa. The other group is the 'mature' applicant. Guy's have traditionally been quite sympathetic to this group and most years include 5–10 such geriatrics. There are of course many pros and cons concerning their undertaking a medical course at a more advanced age. But it would be a pity if a more rigid approach were to be taken with their applications than at present. Without riding too hard on my inevitable bias, I think it is true to say that mature students do provide a little heterogeneity to each year, which is surely no bad thing. Which brings us back to the crux of the matter: will the students entering Guy's in 1987 be any different from those in earlier intakes? The combination of two different selection policies would indicate that we might expect a wider variety of person. It will be interesting to see whether in fact there was much difference after all.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are August 11th and September 3rd.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

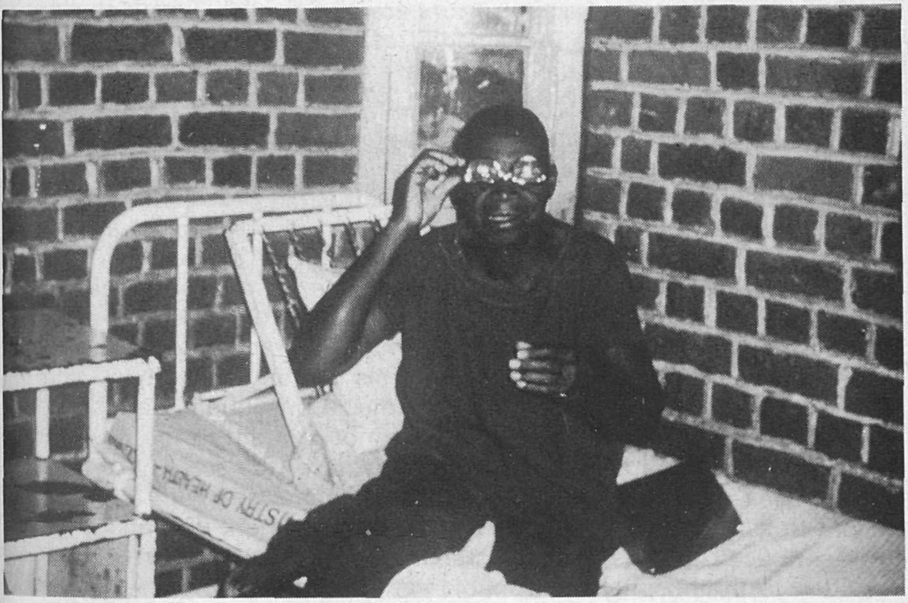
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Medical Problems in the Third World with reference to an elective in Zambia. Part 2

by Marcia Hall

Health Services

Health services in Zambia include Rural Health Centres, manned by clinical officers, who have had three years training in medicine. They examine patients and treat many conditions, referring others to the hospitals. Rural Health Centres depend on the clinical officer for efficient health care and are thus subject to much individual variation. Most have a small ward attached with two general beds and a maternity bed. A resident midwife holds ante-natal clinics and supervises deliveries. The centres are widespread and fairly inaccessible; there is very little pressure to pull poor R.H.C.'s up to standard. Each centre has a limited stock of drugs to treat common complaints. Drugs are ordered from the pharmacy of a nearby hospital or a central supply in Lusaka (the capital of Zambia) – transport to collect the drugs, if available, is another problem. The drugs may take many months to arrive. A doctor from the nearest hopspital will visit each RHC in turn approximately once every two months to help the clinical officer with any of his problem patients. Often the truck the doctor goes out in is filled to the brim with new hospital admissions on return. Recently at St. Francis' Hospital an Eye Team has been visiting the RHCs to see and treat ophthamological cases.



Most hospitals in Zambia receive financial support from the Government. Some are also supported by overseas charity. These mission hospitals are run by doctors from Europe and the U.S.A. A few overseas (S.R.N. grade) sisters are also employed, but most of the nursing workforce are Zambians. Nursing care however, is hampered by the dearth of essential equipment. Often they are short of bed-linen and most of the sheets are too short for the beds. Mattresses are foam rubber and difficult to clean, new plastic covered ones are being purchased slowly.

Sterilized toilet paper is used to dress wounds and many are left exposed very early. Sluices are primitive and are not really designed to cope with the large number of beds present in each ward. Patients are often given mattresses on the floor and children are at least two to a bed.

In the female ward many patients have young babies in their beds with them, running a risk of cross-infection; those without young babies are usually pregnant; Nurses are able to do many minor procedures – insert intravenous lines, tap ascitic fluid, stitch skin wounds, and perform skin grafts to mention a few. Sisters may prescribe drugs.

Every doctor is required to have a wide field of knowledge. General and tropical medicine, surgery, obstetrics and paediatrics must all be covered in some depth. There is not usually anyone else to whom to refer patients.

Recently in the Eastern Province an Eye Clinic has been started, ophthalmological complaints are common and florid. Cataracts are easy to remove and restore many peoples sight, but in contrast to English practice both cataracts are removed at once and patients are then given a free pair of glasses. Most of the patients have to be taught how to clean and wear the glasses – many pairs are put on upside down at first – and they spend an extra day in hospital learning this.

Glasses to correct refractory errors are also available, made up in an optical workshop that has just opened at the hospital in Katete. These glasses are expensive for the Zambians – 40 Kwacha per pair, with NHS type frames, about £5.

Psychiatric consultations with people of a different culture and speaking dialects of a different language is near impossible. Fortunately the Zambians have a healthy attitude to psychiatric (psychotic) episodes. They believe that bad spirits are within them at these times, anyone is susceptible and treatment is to disperse the spirits. African 'witch' doctors are adept at dealing with these patients, one or two are occasionally admitted to a general ward for treatment. Social factors must also be borne in mind, for example when Zambians die most are transported to the village where they were born, for burial. Often this is many miles away and the families can ill-afford to transport the bodies. Consequently a member of the family whom they suspect is dying is not brought to the hospital for treatment, and perhaps this is another reason for the scarcity of geriatric in-patients. To prevent this it is wise for a doctor faced with terminally ill patient to send them home to die. Similarly treatment on an Out-Patient basis is difficult, because of the distances involved, many more people are admitted to the hospital. Seasonable variation is noticeable – January is

planting time in the fields and the women's wards empty rapidly, whether discharged or not. Routine operations for the men who do not do so much work in the fields, or anywhere else, may be fitted in quite satisfactorily, but women are unavailable to come in to hospital at this time.

There are many obstetric complications, antenatal clinics are popular and most will attend, but complications often present late in the second stage of labour, exacerbated by the time taken to get to the hospitals from R.H.C.s. Primigravidae are especially vulnerable. In the Eastern Province of

Zambia many symphisiotomies are performed for cephalopelvic disproportion with an alarmingly high morbidity. This procedure seems to carry a high risk of infection and of the ones I witnessed 50% developed vesico-vaginal fistulae. Most had enormous difficulty walking post-partum. Reasons for performing symphisiotomies in preference to Lower Segment Caesarian Sections include the risk of uterine rupture while delivering a second child unsupervised after L.S.C.S. where post-symphisiotomy the pelvis will, in theory be wider for subsequent pregnancies.

There are many more multiple births. Any premature babies at St. Francis' Hospital remain in a special care unit where there are glass boxes with lightbulbs to heat them, and usually two or three new-borns per box. All babies are breast fed, bottle feeding is banned as conditions in most homes are difficult for sterilizing the necessary equipment.

Good clinical acumen in the Third World is vital. Investigations are often limited to haemoglobin levels and blood slide for malaria and borrelia. At St Francis' however sodium, potassium and urea levels are able to be performed along with alkaline and acid phosphatese, and amylase levels as long as the reagent is in stock. There is a little microbiology – microscopy and culture of either anaerobes or aerobes but not together as

the incubator is too small. Specimens from the operating theatre are obtained approximately two months later. Often many of the patients have gone home and it is then necessary to visit the villages to follow up unexpected results. There is a blood bank at St Francis' Hospital but Zambians do not seem very willing to donate blood. Some units of blood are donated by prisoners from nearby prisons in exchange for a few cigarettes.

X-ray and physiotherapy are provided at St Francis' Hospital. Routine X-rays are not performed, unless clinical signs and symptoms warrant investigation. Physiotherapy on the wards is mostly done by the nurses. Each patient has a chest physiotherapy chart, but few patients receive adequate chest physiotherapy and there are many post-operative chest infections. There are two qualified physiotherapists who are busy with orthopaedic and trauma work. Appliances for the rehabilitation of disabled patients are made in the department, wheelchairs are occasionally provided from overseas. Unfortunately although these wheelchairs are ideal for concrete pavements and firm surfaces, their thin wheels are not designed for the soft terrain in Zambia, wider tyres are required.

The range of drugs is limited by cost and availability. Much depends on *forward planning, advance ordering and sensible utilization of present* stock. In the hospitals there are usually at least one or two preparations of most type of drug, although there were occasions in Zambia where we ran out of vital preparations, for example morphine. (Chlorpromazine was the nearest drug left, which unfortunately is not nearly as analgesic, and most patients receiving this post-operatively complained.) However pharmacists are skilled at making up preparations of drugs with minimal resources. Tablets are dispensed loose, due to a dearth of containers. Surprisingly most patients seem to comply well with their treatment, despite the handful of tablets they receive, along with verbal instructions.

Intravenous fluids are in short supply consequently post-operative patients are given oral fluids as soon as possible and any half full bags are used in the children's ward. The Zambian factory presently manufacturing the fluids is due to close next year.

Obviously communication about individual patients among health workers is important. To ensure adequate information each person in the Eastern Province has a hospital card given to them at their first consultation for which *they* are responsible. Any extra hospital notes are retained at the individual hospitals. Doctors weed out otiose information and write a succinct summary of their diagnosis and treatment on the cards. Although many of the cards become very dog-eared they are always brought with the patient and usually legible. This system necessitated by the poverty of these Third World areas, is often more efficient than many Western World medical records departments. Poverty however hinders the standard of education and living, and must be a fundamental element in some of these medical problems of the Third World. But donations of 'high tech.' equipment such as special care baby units and gastroscopes are of no great behoof. Many are unable to use the equipment or interpret given results, added to which spare parts are unobtainable. Of much more use would be gifts of large sheets and other bed linen, dressings, plastic covered mattresses, basic drugs (even if slightly out of date) needles and syringes. Soap seems to be in very short supply in Zambia, it cannot be obtained in the shops, and I found scrubbing-up with a miniscule piece of soap extremely difficult. Basic medical equipment such as laryngoscopes and ophthalmoscopes are also required. Nonetheless prevention is better than cure and more resources are needed to study the epidemiology of sickness in the Third World; to recommend and institute preventative measures. In the meantime it is obvious that an improvement in public health and education is of greater priority than establishing an efficient 'high tech.' health service.

The Fison Lecture – A transcript

by Professor R. Warwick

Alfred Henry Fison was born in 1857, a year before Henry Gray's book appeared. He was already lecturing here in physics when I appeared in 1912! He was most talented, generally acclaimed a superb lecturer, and also specially interested in photography, astronomy and music *and* he found time for sports, such as golf. Another interest, in radio communication, proved fatal. In 1923 he fell to his death through a skylight in the old chemistry theatre while putting up an aerial on the roof. This reminds me that a generation later, in the 1950's, my early days in Guy's Hospital Medical School, I used to work at weekends, and I too experimented with roof-top arerials, as Mr. Wheeler – then the School's porter – and Mrs. Wheeler may remember, for they had a flat near the roof.

For such reasons, and even more because of the great affection and respect which I bear to Guy's, I was touched and honoured to be asked to give this 44th Fison Lecture. No other place of work is associated with so much personal happiness. But the list of my predecessors makes me quail. The first Fison Lecturer – in 1925 – was John Joseph Thomson, discoverer of the electron, born in 1856, when Henry Gray must have been incubating his book. Like myself, Thomson was a graduate at Manchester, the city of John Dalton and the atomic theory, and later was Master of the Cavendish Laboratory.

I will say no more of the eminent lecturers who followed "J.J.". Their excellence reminds me of the words of John Keats – surely the most famous "man of Guy's". Despite his own immortal accomplishments, he wrote as his own epitaph: "His name was writ in water". So what of ordinary mortals, such as I?

There are parallels between John Keats and Henry Gray. Both died when young – Keats at 26. Gray at 34. Keats, still in his teens, cared for his mother and brother as they died of tuberculosis, to which he also soon succumbed. Gray died of confluent smallpox shortly after nursing a young nephew with the same infection. Both have left great memorials to the labour and genius of their short lives. In the world at large, no-one except Shakespeare, in my view, has spread English speech so eloquently as Keats. In the world of medicine it is surely safe to say that no book, in any language, has become so universally famous as "Gray's Anatomy – Descriptive and Surgical", as its 1st Edition, in 1858, was sub-titled. It appeared in the same year as Virchow's epochmaking "Cellular Pathologie". Microscopes were improving: Schwann and Schleiden had already propounded a cell theory (1838). In this, The Year (1858) as one might say, papers on evolution by Charles Darwin and Russell Wallace were presented at the same Linnean Society's meeting, though Wallace was still in the Far East, having left his partner, Henry Bates – perhaps the greatest of all collectors of new species – exploring the Amazon for another 10 years. Richard Burton was discovering the source of the Nile.

Gray's book was sandwiched amongst great events, between Karl Marx's "Manifesto" in 1837 and Darwin's "Origin" in 1859, a year also in which Florence Nightingale published her great work on "The Management of Hospitals", and in which Brunel died. The Indian Meeting and Crimean War were just over. Britain had become the "'workshop of the world". Coal had taken over from charcoal, steel was replacing iron, and engines – stationary and locomotive – were in full steam; the Liverpool/Manchester link had been made in 1850, and by 1858 there were 6,000 miles of track in Britain, – a thousand constructed by Brunel. Michael Faraday, at the Royal Institution, was establishing a future for electrical power; James Clark Maxwell was giving mathematical expression to electro magnetism. Railways turned agrarian Britain into a giant workshop. Victoria Regina was only a third through her long reign. Prince Albert, brilliantly supported by Paxton and Brunel, had promoted the Great Exhibition, with its Crystal Palace in Hyde Park – later removed to its Sydenham site. The Palace, the world's first prefabricated building was destroyed by fire in 1936, but remnants of the grounds form the present park, with its lakes and their islands still displaying the life-size "monsters" set on them for the grand opening by Victoria in 1856. Two years later, Brunel's last ship, the "Great Eastern" was launched – in the same year as Gray's Anatomy – but with much greater difficulty. The Industrial Revolution, starting in Britain, was in full swing, but would not reach countries such as Japan for more than half a century. All the western world, led and much supplied technologically by Britain, was in a state of "go". The loss – perhaps a greater loss to civilization than can yet be discerned – of American colonies was turning Britain to a second larger Empire – Canada, Australia, New Zealand, patches of Africa and many scattered islands. Trafalgar and Waterloo were becoming mere memories. Wordsworth, Byron, Shelley and Keats were becoming part of our literary heritage. Palmerston and Disraeli were guiding Britain into a golden future. Bismarck was uniting Germany and Melternich was dreaming prophetically of a united Europe.

Henry Gray, born in 1827, grew up into this stirring era. Matriculating at 18, he entered St. George's Hospital and, by 1850, he was qualified and already a demonstrator in Anatomy, with Surgery ultimately in mind. As a third year student he had already gained the Royal College of Surgeons' triennial prize for studies on the ocular nerves. He also worked on development of endocrine glands and, in 1852 – at 25 – he was elected Fellow of the Royal Society. In 1853, his dissertation "On the Structure and Uses of the Spleen" won him the Astley Cooper Prize, the manuscript of which resides in our own Wills library. If this were Henry Gray's total contribution, he had already accomplished far more than most professional men at the age of 27; but four years later, based on his own careful dissections and a clear appreciation of the needs of students and surgeons, came his greatest product. Despite some poor reviews, "Gray's Anatomy" was an immediate success, and his publisher, John Parker, required a second edition. Gray prepared this and it appeared in 1860. He did not long enjoy its success, dying in 1861, before he had even succeeded in joining St. George's Surgical staff. In 1863, Parker was brought out by the rising firm of

Longmans; they have remained the book's publishers ever since. Like Americans, and Cambridge's Cavendish Laboratory, the Longman's know a "good thing" when they see it. Lea and Blanchard secured the right to bring out an American version in 1859, which is still in print. Like Macauley's "History of England" and Roget's "Thesaurus of English Words and Phrases", Gray's Anatomy has become a major factor in the Longman empire, though it was scarcely mentioned in their 250 year commemoration volume in 1958; Roget's Thesaurus was ignored. Roget, by the way – though qualified in Edinburgh – settled in Manchester, and was one of the founders of its new University. He was later Fullerian Professor of Physiology at the Royal Institution.

The American version of Gray's Anatomy, at first almost identical, has departed much less from the original. It retains many of the early illustrations by H. Vandyke Carter, a fellow demonstrator with Gray. It is not unfair to say that the American version has remained rather staid and conventional.

It should be noted that Henry Gray was writing about three centuries after the "De Fabrica Corporis Humani" of Vesalius, which had established a tradition of *accurate* description, but with little or no reference to function. This tradition is still with us, though with the advent of microscopy and other techniques such as X-rays, descriptive detail has continuously increased. It is curious that although much of Gray's own research – e.g. the "uses" of the spleen – went beyond mere structure, this side of his mind did not spread into his book.

Subsequent editors were at first surgeons on the staff of St. George's: the third to ninth editors (1863–1880) and the tenth to fourteenth (1883–1897) were respectively edited by Timothy Holmes, T. Pickering Pick; but in the fifteenth and sixteenth (1901–1905) Pick was assisted by an academic anatomist, Professor R. Howden (University of Durham), who carried on as sole editor of the seventeenth to twenty-third editions (1909–1926). The book was then about half-way through its 128 years of continuous publication, and the connexion with St. George's had ended. T. B. Johnson, whose own highly popular little handbook must have been used by many here at Guy's – I had the pleasure of carrying it on through several editions after his death – edited Gray in its twenty-fourth to twenty-seventh revisions (1930–1938), assisted in the twenty-eighth to thirty-first (1942–1954), by his colleague, James Willis, after whose untimely death I also carried on his own popular textbook for several editions. For the thirty-second, Centenary edition (1958), "T.B." was joined by Professor David V. Davies (St. Thomas') and Francis Davies (Sheffield), and the latter two were responsible for the thirty-third edition and D. V. Davies the thirty-fourth (1967). T. B. Johnston had already secured the help of a young member of his staff, Peter L. Williams, as an indexer and in 1968, we two were appointed editors, producing the thirty-fifth (1979) and current, thirty-sixth (1980) edition. The book has thus now been based at Guy's for over half a century.

Editing by professional anatomists changed Gray's book, but until

Guy's Hospital Gazette

English Pewter 1 pt Tankards, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed.

Cost £18.00

ORDER FORM

Name ....

Address ....

....

Please send me .... Guy's Tankards at £18 each (plus 50p p & p.)

I enclose a remittance of £................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

recently at a slow pace, the main burden of change being accummulations of structural detail, especially histological, cytological and embryological detail, with a slow expansion of bibliographic reference. However, even in professional academic hands, the book has changed more in size than in its approach to anatomy as a science. Yet it has remained a kind of medical 'best-seller'. In its 125 years, it has had thirty-six editions, thirty-six editors, with translations first into Chinese, then Italian, Spanish and Portuguese, with a Japanese edition in preparation. In fact, its fame and circulation have widened even more in recent editions, and here I must emphasise the influence of the late Professor David V. Davies of St. Thomas', who gave the book a more scholarly approach, with much increased bibliography. (His wife, Mrs. Ruby Davies, herself a research anatomist, still serves the Journal of Anatomy as Editorial Assistant to great general benefit). In 1968, when Peter Williams and I were invited to the editorship, it seemed to us, the further we progressed that a new edition would entail not a mere process of "updating", though obviously new structural details, of all kinds, may be useful to those who require to *apply* such detail; but Anatomy, the necessary basis for all functional and clinical knowledge seemed to us to be dragging behind other sciences, with an increasing separation from physiology much to be deplored. That is not to say that amongst anatomists there are not those who experiment, compare, seek explanations, and so forth. But it is fatally easy to stop the machine for description, and in the pursuit of ever-increasing detail to leave re-synthesis with function to others.

Here it is interesting to compare the illustration of Vesalius, a Belgian surgeon demonstrating anatomy at Padua in 1543, with drawings of Leonardo da Vinci, made a generation earlier but only published in recent times, and presumably seen by few of his contemporaries. Hence Vesalius was immensely more influential in the medical field; he is said to have revised biological observation to a new high level by his accuracy in dissection. He was, of course, a surgeon – in pre-anaesthetic times – when speedy operative expertise was at a premium. His great folio "De Fabrica Corporis Humani" was almost purely structural description, though Vesalius was not wholly disinterested in function, and did indulge considerably in animal vivisection. But his book is basically an atlas, showing dissections of cadavers, often in peculiar and even grotesque postures, such as muscles drooping from a corpse, hanging on a giblet. In contrast, Leonardo usually portrays the structural details of human and other animals as if they were alive and pursuing ordinary activities. A beautiful example of his attitude are drawings of muscles in the legs, shown as if they were ropes, ready for action. Calcar, Vesalius' tome artist, despite the excellence of his engraving, may have influenced such scenes as a skeleton leaning on a tomb. The entire effect is cadaveric. But because of his accuracy, Vesalius has been dubbed the "father" of anatomy. While acknowledging his great contribution to descriptive accuracy, one cannot approve the tradition of static anatomy, which he inadvertently initiated. Three centuries of such cadaveric descriptiveness preceded Henry Gray's Book. Thus, ten of twelve generations after the European renaissance of sciences, human anatomy was still largely a description of an immobile, dead body.

In preparing the thirty-fifth edition, the present editors recognised that anatomical teaching and research are obviously necessary to all basic medical education, and to many other associated services; but we consider the subject a science in its own right, even though it is commonly taught as a conglomeration of structural facts, acquisition of which often depends more upon memory than on a real understanding of their significance.

It was Descartes who said "Man is a complex of machinery". The mechanisms operate, of course, at all structural levels, from biochemical through cellular to macroscopic events. As in any machine, all such structures can, and sometimes must be artificially halted for convenience of investigation and description. But all such description is a momentary abstraction from the moving pattern of life. All living structures are in constant change; a dead hand is a dead hand, not the almost miraculous combination of cells, tissues, muscles, joints, blood vessels and nerves, which in your hand and mine provides such a wonderfully agile tool. Moreover, in clinical medicine's manifold manoeuvres, diagnostic and therapeutic considerations of function, as well as structure, are essential. Unfortunately, it is all too easy to set aside such consideration in the teaching of what might be called the 'bare bones' of anatomy. The separation of physiology from anatomy and the gradual appearance of other specialities, through convenience for research and, alas, teaching, obscures the truth, that *all* knowledge is essentially a continuum – not only within anatomy but beyond it into all biological and other sciences. At miscroscopic level, linkages with physiology, physics, chemistry, etc. are ultimately unavoidable; but it is far too easy to survey macroscopic 'gross' anatomy in a kind of vacuum with little or no functional explanation. Even today, there are those who tell us that ribs and skull protect vital organs, which, of course, they do; but how could lungs and brain function without such environs? Bones as a whole, of course, "give the body shape", but their chief interest is in the mechanics of movement – a topic which has only just begun to penetrate into anatomical texts. I am afraid that even the texts for the most lop-sided of so-called modern curricula, the burden of anatomical data – the *minutiae* as detractors like to say – is large and must remain so, if intelligent medical practice is to continue to improve. But this "burden" can be not only lightened but also *en*lightened, if the functional, vital significance of any structure is divorced as little as possible from mere morphological description; and this must include not only physiological but also developmental, evolutionary and biochemical consideration – indeed, anything which contributes to full understanding of the biological role.

Learning thus becomes intelligent, rather than memorial, transformed from a tedious burden to a profitable pleasure. And there is pleasure in such learning and, of course, in all learning, whenever it is comprehensive and not merely inculcated by rote.

With such convictions, we determined to re-write, for the most part, Henry Gray's famous book. It would, of course, be invidious and erroneous to imply that some of our more recent predecessors have not elivened some human topography by increasing reference to experimental research and to function. But we inherited a test still for the most part descriptive. We set out to introduce functional explanation on the widest possible scale – a formidable undertaking. Not all structures can be thus intelligently explained; but explanation transforms the whole process of learning; surely what a structures *does* transcends in interest what it *is.*

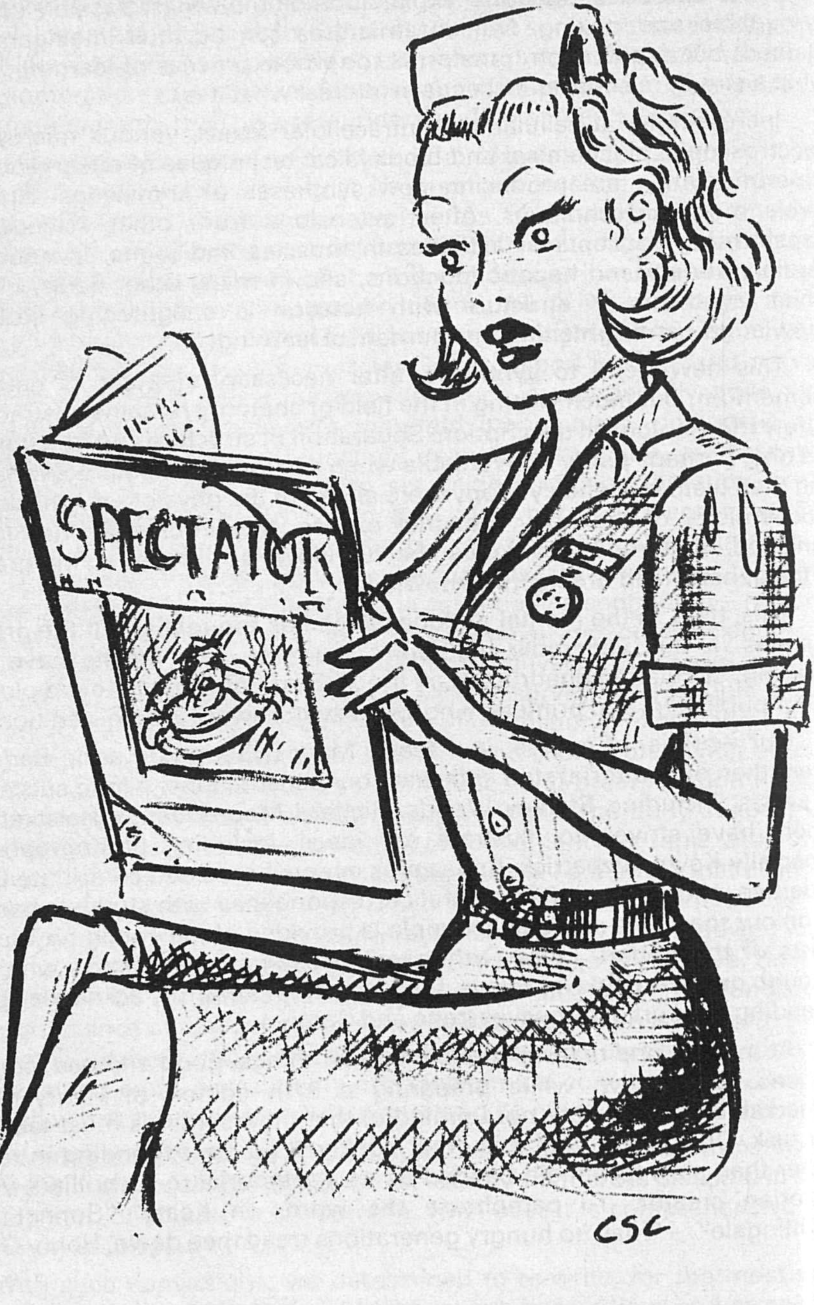
Increasingly, at cellular and intracellular levels, various microscopic, spectroscopic, biochemical and biophysical techniques of observation and experimentation are producing new syntheses of knowledge. At larger levels modern techniques, often extensions from other sciences, are transforming concepts of activities in muscles and joints, in endocrine, cardiac, urinary and hepatic functions, and in many other fields, in all of which synthesis of structure with function is enlightening biological knowledge – and lightening the 'burden' of learning!

This new trend to synthesis, after necessary analysis, is gathering momentum; but much writing in the field of anatomy remains abstracted in purely morphological description. Separation of structure and function is an old one, perhaps partly unavoidable when accurate topographical anatomy and then histology and cytology were ahead of the physiology, physics and biochemistry of their day. But that excuse, that imbalance, has largely vanished. Anatomy is now, or can be, full-blown science, as an integral part of the general field of scientific knowledge.

This, then, is the mental attitude which has brought about the greatest changes in this venerable textbook's long life. The results have been pleasing; circulation quadrupled, in the 35th edition – much to the pleasure of our publishers and printers, who won several awards for this edition.

Our work is, of course, in a team. Mary Dyson and Laurie Bannister strengthen our editorial staff and share our constrictions. A long succession of artists, including Stanley Woods, Richard Moore, Jenny Halstead and others have striven to illustrate our ideas, including photographers – especially Kevin Fitzpatrick. Colleagues everywhere have contributed their expertise, and a large, often helpful correspondence with students has kept us on our toes. One amusing example is provided of the young physiotherapists of the Robert Jones Orthopaedic Hospital in Oswestry, who read through our entire text, in relays, for a charity. We warmly acknowledge the unending support of our wives Irene and Carolyn.

At my age one realises forcibly that all things, good and bad, come to an end. Even now, while preparing a 37th edition of Henry Gray's remarkable book, we are not unmindful that others' minds must take over our task. Our hope is that this great book will go on, expanding in reason rather than size, to remain beyond us as a memorial to its brilliant young Victorian creator. To paraphrase the words in Keats' "Sonnet to a Nightingale", – "may no hungry generations tread thee down, Henry Gray."


SPECTATOR
CSC

Michelet

Providing a digest of recent media coverage on medically related topics

Cutting Remarks

This column is by no means intended as simply a chronicle of the seemingly inexorable decline of the NHS – if only because its sorry state is surely obvious to all those who come into contact with it, let alone those of us who work or study within it. Still and all, I hope it is instructive to survey the presentation of the NHS's budget problems in the national press. Random sampling reveals a variety of attitudes concerning the sources and solutions to the "cuts", (only some of which, alas, I have time and space to consider here).

"Why the NHS is unhealthy," explains the *News of the World*'s "Voice of Reason," Woodrow Wyatt (1/6/86):

> It's a myth that there have been cuts in the National Health.
>
> Even after allowing for inflation there has been a 20 per cent increase in NHS spending since 1975 . . .
>
> True, some 660,000 are waiting for operations . . . Many wait because the NHS is less efficient in some areas than in others.
>
> . . . It is not shortage of money that causes trouble in the NHS, it is poor administration.

Nice to have that sorted out for once and all. The editors at the *Daily Mirror* have obviously missed this voice of reason, as they continually give their readers the mistaken impression that large cuts have been made. From spot checks:

> "Health chiefs' verdict on Thatcher's new cuts: THE SICK WILL SUFFER." Hospital patients will have to suffer more to meet the cost of the nurses' pay rise, health chiefs warned yesterday . . . 'This is another body blow for a health service that is already reeling.' (24/5/86)
>
> "NURSES MAKE CURTAINS FOR HARD-UP HOSPITAL. And doctors fork out for kids' wards" . . . This is the latest cash crisis to hit the major teaching hospital (The Middlesex). Children's beds have been cut from 22 to 14 in a bid to save money. Four wards are permanently closed . . . (30/5/86)
>
> "Storm over 'cover-up' by health chiefs: ORDERED TO LIE: The doctor who begged to save a baby's life." . . . Dr. Ray Bhatt has been told to deny that he desperately needs funds to treat the 11-month-old girl . . . (6/6/86)

Finally, closer to home:

> "Surgeons ready – but there aren't enough nurses: BROKE HOSPITAL AXES HEART KIDS OPS" Sick children due to have life-saving heart surgery at a top hospital have had their vital operations cancelled because it has run out of cash.
>
> All young patients – even emergency cases – are being turned away.
>
> The tragic decision has been taken at world-famous Guy's Hospital in London because it cannot afford enough nurses to care for them . . .
>
> Guy's surgeon Mr. Alan Yates said: 'Operating theatres are lying empty and surgeons and anaesthetists are sitting around doing nothing. It is disgraceful.' (13/6/86)

True to form and to its worldwide recognition for investigative journalism and social responsibility, however, the *London Standard* leapt onto the case and explained it in "Heart of the Matter" that very afternoon. In full:

> *A leading surgeon today responded to reports that lack of money was holding up vital* children's heart surgery at Guy's Hospital.
>
> "We are now doing more heart operations now than ever before," said Professor Ian McColl, head of the Department of Surgery, replying to claims that eight operations on children had been postponed because there were insufficient nurses to provide care after surgery. (13/6/86)

A clear nominee for the Maggie Thatcher Memorial "What Health Cuts?" ("More sick people are being treated by the NHS now than ever before") Question time Award.

Happily, I can lay the issue of cuts aside now, as the problem turns out simply to be that I haven't been reading the *Spectator*, or rather its Voice of Reason Auberon Waugh. On 24 May he explained his theory . . .

> . . . That no matter how much extra money the government allocates to the Health Service, we have reached such a stage now that it will always be grabbed by NHS employees long before it reaches the patient . . . hence the closure of beds, wards and whole hospitals, the shortage of drugs and equipment.

After noting the recent Marplan survey reporting that 72 per cent of the population believes that current spending on the NHS is too low, Waugh *continues:*

> However, I do not see that this information contradicts anything I have ever said. All it proves is that too few people read the *Spectator*. Everyone else has been gulled into accepting the simple proposition that the more money that is spent, the better the service will be.

Mr. *Waugh seeks to prove his case by citing the nurses' rise in pay by* ten per cent –

> *How will it improve the level of medical care? Everybody agrees that nurses are a special* case. They are *always* a special case, despite having been allocated a 5.5 per cent increase last year, taken rather more, reduced their working hours from 40 hours to 37½ hours a week and made up the difference (in Newcastle, for instance) by closing down 80 orthopaedic and surgical beds.

Hmmm – or by reducing children's surgery at Guy's, for instance. Still, it seems a bit harsh to pick on the nurses – despite these absolutely incredible *pay rises ("three times the current rate of inflation and much higher than* the already high average of settlements") and cushy hours etcetera, they probably can't afford to buy the *Spectator* to learn how they are responsible for the NHS's woes.

Personally, I suspect the problem is not that too few people read the *Spectator*, but that those who do agree with Mr. Waugh also happen to be Members of Parliament and the like. Moreover, I haven't a clue how much money he makes or how many hours per week he works – but I rather *suspect it is respectively slightly more and slightly less than the average* nurse and, judging from this effort, slightly less constructive.

Shop Talk

A special service to readers – a Handy Guide to (Relatively) Recent Circulation Figures of Cited Publications:

News of The World	5,103,164
Daily Mirror	3,033,271

(July–Dec 1985 ABC figures, courtesy *The Guardian*, 27/1/86)

London Standard	49,682 (23/6/86)
The Spectator	573½ (personal estimate)

A Personal Note

A depressing business, this. I hope next column to avoid cuts altogether (*hear that, Ed.?*) and delve into a few lighter topics.

This column represents a return to journalism after a long, and completely, inconspicuous absence – apologies for mistakes, solecisms, stepping on any toes not intended, and so on. Any corrections, comments, reconnaissance, gossip or whatever, gratefully received.

Community Paediatrics – Report on an Elective

by Kim Robbins

I started this elective in apprehensive mood, pleased to be able to do it but wary due to the advice of the paediatric consultants that it was not wise as I had not yet done my paediatric firm. However, with the encouragement of Professor Rogers and Dr. Lynch (senior lecturer in community paediatrics) and the strong will to do this I agreed to stay at Guy's with the idea that I could change course if it proved not to be worthwhile.

The elective holds many unforgettable moments: the drawings by a four-year old sexually abused child, a three-year old child with a developmental age of 10 months, a nine-year old boy trying to communicate with me using sign language, all of which left me feeling totally inadequate.

Community paediatrics covers a wide range of paediatric care and problems. The idea that it simply involves immunisation programmes and baby clinics is certainly a fallacy; these do play an important role, but so do school clinics, developmental screening tests, day nurseries, family rehabilitation centres and the treatment, schooling and support of families of mentally and physically handicapped children, as well as tackling the increasing problem of child abuse.

I elected to work mainly in two specialties under Dr. Lynch: child abuse and child development. I was based at the Newcomen Centre at Guy's, but the course included visiting homes, special schools, social service departments and a juvenile court. The Newcomen Centre at Guy's is a district child development centre and a regional child development and paediatric neurology centre. Dr. Lynch controls the district and Dr. Baird the region. They specialise in child abuse and physical handicap respectively. They work closely with three consultant paediatricians, developmental paediatricians, speech therapists, physiotherapists, social workers and health visitors. The centre has a weekly meeting when all future patients are discussed and the relevant professionals selected. This liaison enables all problems to be expertly assessed and the best treatment arranged.

The first week of this six-week period was spent with the community medical officer, Dr. Thurston. The aim of this was to see normal children and get a good grounding in normal child development. I was also taught how to do the routine, six-week, eight-month, three-year and five-plus screening tests, as well as district immunisation procedures. My appreciation for this basic groundwork increased during the following weeks, when I was confronted with such a diverse group of problem children, and helped to convince me that there *were* normal children in the district.

My work with Dr. Lynch was focused on child abuse, a field in which she has received much acclaim. Child abuse involves a hurt child due to the action of 'care taking' adults. Child abuse can involve physical violence, physical and emotional neglect, emotional abuse and sexual exploitation. It occurs in every social class and every race. Child abuse is a problem within a family and should be treated as such with both parents and children requiring treatment.

The involvement of the medical profession within this field has increased greatly since the realisation of risk factors indicating potentially abusive parents. About 75 per cent of parents who will go on to abuse their children can be recognised during the first 24 hours (according to R. and H. Kempe). This study went on to demonstrate that the potential abusers can be helped in four out of five cases. In the small group of 'incurable abusers' the Kempes recommend that children should be removed immediately and permanently.

Community paediatrics is important in diagnosing at-risk children, usually presenting with the 'failure to thrive' syndrome, and initiating family support and treatment and removal of the child. After a case of abuse, our role is initial treatment of any injuries followed by court medical reports if necessary. Further counselling follows with repeated developmental assessments. Medical evidence on development is very important in instigating care proceedings or in rehabilitation. Our job is to act in the best interest of the child. Close liaison with social services, police and legal advisers and perhaps the NSPCC is vital. The importance of prevention of abuse cannot be overemphasised; children who are abused grow up to abuse.

Perseverance wins in the end: a highlight, reversing a court order and reuniting three healthy children with two, now loving and understanding parents.

I saw life on my back doorstep, which enclosed in a hospital I had been too blind to see, and I feel that other medical students should experience this in their training.

Guy's in the Twenties

by H. N. W. Harley

Reading "Guy's in the Thirties" by D. J. Lyon in the *Gazette* for March 1st, 1986 (vol. 100) has prompted me to pen the following with the above title. I spent most of my boyhood, until the age of 14, in India, my father being in the Indian Medical Service, returning finally to England in 1919 to enter Bedford school as a boarder. During this time I had no ambition other than to become a doctor, and considered no other medical school but Guy's! I followed the Guy's rugby teams with unfailing interest in those halcyon years 1919–1923 when they were one of the top teams in the country, winning the Inter-Hospitals cup in each of the four years, and certainly being one of the strongest hospital sides of all time. W. D. Doherty, who also captained Ireland, Surrey and the United Hospitals led the teams for the first three of those years, and P. K. Albertijn, that outstanding centre three-quarter, the next before returning to his native S. Africa and appearing a year or two later as captain of the Springboks!

All through the twenties Guy's was one of the leading sides in the country with a very strong fixture list, playing most of the leading clubs, and with wins over both Oxford and Cambridge. There were a number of internationals in those teams, and many South Africans as there were no medical or dental schools in their country at that time.

Having taken 1st M.B. from school I entered Guy's in 1923, the first of six Harleys to do so – self, brother, two sons, nephew, grandson. There seemed to be no diffiulty in getting accepted in those days and I cannot remember any sort of serious interview. The pre-clinical studies consisted of anatomy under Professor T. B. Johnson, physiology under Professor Pembrey, and in the second year pharmacology lectures by Dr Nathan Hutch who always seemed to have a twinkle in his eye. His lectures were so explicit and complete that the notes I made were all I ever needed on the subject.

Dissection took up a large part of one's time and anatomy was studied in more depth than it is today. The whole body was dissected in detail and Johnson's "Synopsis of Regional Anatomy" was a valuable addition to "Cunningham" for revision purposes. If I remember correctly he also edited "Gray's Anatomy" at the time. My partner in dissection was Wilfrid Hudson who subsequently went into practice in Banbury. "George" Doherty was senior demonstrator in anatomy, and how good he was referring to parts as if human – "here we have aorta with inferior vena cava running down." T. B. Johnson – Johnnie – always started his lectures with "last time, at the end of the hour, I indicated to you." He was a first class teacher. Lunch most of us had at the Spit.

Students in my year who finally got onto the staff were McConnell and de Nevasquez. E. T. Conybeare was without doubt our most brilliant and collected most of the prizes. In due course, after medical registrarship, he made a name for himself in the Ministry of Health. Keith Simpson, T. T. Stamm, John Blaikley and Peter Bishop were a year or two later.

Entry into the wards was of course an occasion. There were relatively few specialties then as compared with the present time, and no professorships outside the medical school. Consultants were all honorary. Registrars numbered only eleven as far as I can remember – 4 medical, 4 surgical, and one each for E.N.T. (Bobby Cann), Orthopaedics (Lambrinudi), middes and gynae (Gibberd). I well remember Nils Eckhoff, Spurrell (later professor of physiology), D. W. C. Northfield who became neurosurgeon to the London Hospital, Brock, Grant Massie, Parsons, Boland and Maurice Campbell, amongst others.

On the consultant staff, as in any unit, were the "characters". E. C. (Joey) Hughes a first class teacher with his "now Mr Wardclerk, (or Mr Dressers), what do you think of this". Tubby Layton who considered tonsils should rarely be removed; W. H. Trethowan, certainly one of the leading orthopaedic surgeons in the country, who liked singing or humming a tune in the theatre; Herbert French always immaculate and the best imitator of cardiac murmurs I have heard; Arthur Hurst with his hand to his deaf ear leading the 'subacute' combined round; A. P. Beddard, and of course A. R. (Rudi) Thompson with his pronounced lisp, our genitourinary surgeon. He certainly lived up to his nickname and became furious with any patient who called him 'doctor' – it had to be Sir. When doing an abdominal dressing he would only have his houseman to assist, never sister or a nurse (they were all men in those days!). On this occasion a new rather tall, thin sister, not fully aware of his idiosyncrasies, was appointed to his ward. During such a dressing she looked over the surrounding screen to see, as she thought, that all was well. Rudi looked up and said in a loud voice, "Sister would you please go away and stop peering over that screen like an immoral giraffe." Poor sister. There were many incidents and stories relating to him.

At that time there was relatively little curative medicine (as opposed to surgery). No sulphonamides, antibiotics, steroids, hypotensives, tranquillisers, etc., so it was largely a case of diagnosis and then faith, hope, bedside manner, nursing, and time. One feels nowadays the use of drugs at times goes too far. Thoracic surgery consisted of little more than thoracoplasty for T.B., and the relief of empyemas. Neurosurgery hardly existed but Lancelot Bromley, always in button boots, did occasional craniotomies.

Anaesthetics consisted of chloroform, ether, ethyl choride and nitrous oxide. Sir Francis Shipway had his warm ether "Shipway" apparatus. Marston used the "dripway", and Scott the "smotherway" according to a lyric in a residents play. Induction with ethyl chloride followed by open ether was the commonest procedure with N_2O alone or $N_2O + O_2$ for dental extractions.

So in due course one qualified and hoped to become a resident, I was lucky and did so. There were only some 14 resident housemen in those days. The first appointment had to be one of 6 "clinical assistants" who had their own ward. The "clinical" on duty for the week saw all take-in cases, medical and surgical. Also immediate admissions from outpatients, whether for treatment or investigation, but not those on the routine waiting list. He had the first choice of any for his ward. A consultant physician was attacked for advice as required by him or his registrar, but for surgical cases any surgeon or registrars on the staff could be asked to advise and operate when necessary.

Next followed A. H. S. (assistant house surgeon) of whom there were 5 equal to the numbers of assistant surgeons on the staff. One "clinical" would normally be appointed to a specialty as houseman. The A.H.S. attached to the take-in firms was responsible for attending casualty, as required, evening and night. This could be a busy session.

After A.H.S. came O.P.O. (out-patient officers) of whom there were 4 working in pairs. My partner was E. T. Conybeare. This was a very useful appointment as one did casualty 3 days a week and medical out-patients the other 3, seeing cases not sent up with a doctor's letter, those referred from casualty requiring further investigation, and follow up cases. O.P.Os were not resident and were paid £3.00 a week. Residents were not paid!

These appointments were for 3 months each and then followed 6 months as H.S. or H.P. where one had a good deal of responsibility, and learned a great deal. As H.S., on alternate weeks you would be on take-in and then ex H.S. responsible for giving all emergency anaesthetics for the then take-in firm, so you saw two sets of emergency admissions and had good anaesthetic experience. You might also be in for the other H. S.'s if required.

This series of appointments gave wonderful experience for whatever branch of medicine one took up, although at that time you could go straight into general practice after qualifying.

After H.S. I was for a time R.M.O. in Bright, the private ward consisting of cubicles on the top floor of Hunt's House, and demonstrator of anaethetics which stood me in good stead when I went into a Guy's practice in Pasley. Returning after 43 years my wife and I emigrated here to Cape Town where my son was senior lecturer, now professor in the department of chemical pathology at Groote Schuur Hospital.

Copy for the *Gazette*

Contributors are requested to supply copy with double spacing and preferably typed. Hand written copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

The Medical School, 1947	**Size 15″ × 12″**	**£7.00**
The Main Entrance, 1946	**Size 15″ × 12″**	**£7.00**
The Park, 1946	**Size 15″ × 12″**	**£7.00**
Hunt's House, 1948	**Size 15″ × 12″**	**£7.00**
The "Ship and Shovel", 1912	**Size 10″ × 8″**	**£3.50**
The Quadrangle, 1925	**Size 10″ × 8″**	**£3.50**

ORDER FORM

Name ....

Address ....

....

Design	*Quantity*	*Remittance*
The Medical School		
The Main Entrance		
The Park		
Hunt's House		
The "Ship and Shovel"		
The Quadrangle		
		TOTAL ________

To: The Manager, *Guy's Gazette*, 23b St. Thomas' Street,
Guy's Hospital, SE1 9RT. Tel.: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday 9 a.m. – 5 p.m.

Dental Notes

Electives

Readers will be aware that the Dental School has a very active elective programme. Many of our students go abroad each year and gain experience in dental schools throughout the world. From time to time reports appear in the *Gazette* of individual experiences. This year we have students visiting Australia, Hong Kong, China, Poland, South Africa and various places in the United States of America. We also receive throughout the year equivalent visits to Guy's of students from other dental hospitals and schools. This year we have received students from Poland, South Africa, Australia, Kenya and a large number from America. In particular, the University of Pennsylvania seems to have adopted Guy's and possibly half the foreign elective students come from that school. We accept between 20 and 30 a year. The school regards these student exchanges as very valuable experience for all concerned and it is certainly something we would wish to encourage and maintain in the future.

We also are very happy to accept visiting staff. At the present time there are two visiting members of staff in the Department of Prosthetic Dentistry. Dr. F. James Kratchovil (Professor of Prosthetic Dentistry and Director of the Prosthodontic programme at the School of Dentistry at the University of California at Los Angeles) is staying at Guy's for a period of three months. Dr. Kratchovil was appointed first Tregarthen Scholar following the receipt of a bequest from the estate of the widow of the late Professor G. G. Tregarthen. Professor Tregarthen was at Guy's at about the beginning of the century and was a prominent member of the rugby XV in the halcyon days when George Dowerty and a large contingent of South Africans had a remarkably successful period in the history of Guy's rugby, when Guy's was amongst the most powerful side in the land. Professor Tregarthen was later Professor of Prosthetic Dentistry at the University of Newcastle (which was the recipient of a similar bequest). Whilst he is in the Department of Prosthetic Dentistry, Dr. Kratchovil will be involved in both the undergraduate and postgraduate teaching programmes and we extend our welcome.

Dr. William Kydd (Professor of Prosthetics from the University of Washington, Seattle) will also be visiting in May and June on our Visiting Clinician Programme. Dr. Kydd will be doing joint research with Professor Neill in the Department and we extend our welcome to him also.

S. J. Challacombe

A voluminous official document circulated around the Senate contains information certain to ruffle a few feathers among the dental schools of Great Britain.

Thanks only to the simplification of a labyrinth of complicated detail, we can reveal that the document purports to expose a University Grants Committee "League Table" showing how the dental schools compare in relation to research in their establishments. Three schools are listed as better than others in the country. Naturally, Guy's is one of them but paradoxically the other two, Manchester and The London, also achieve "star rating" in this premiere group.

Seven schools get average appraisal. Some of these at least receive above average marks for certain individual departments within their institution. Six schools are said to fall below the average. Trying to unearth how this information was derived and what it all means in real terms has not resulted in any acceptable answers. Undoubtedly it should not be taken seriously. The data used is probably culled from sources four years old. We are assured there is unlikely to be any repetition of the exercise. The cynic may well ask if there is any correlation between this arbitary table and the membership of the UGC group which produced it.

Mr. Alan Robinson

We are sorry to hear that Mr. Alan Robinson will not be returning to his position in the Dental School. For health reasons he is taking early retirement. His generous and gentle manner with all who know him will be sorely missed around Guy's. Friends, colleagues and students will all wish him a long and happy retirement. Patients, who have been told of his leaving, all expressed regrets that such a kind gentleman will not be here to treat them in the future. We still look forward to welcoming him however, at all our various functions.

Mr. M. L. Maberley

Dental Society Report

by Rosemary Bryan

This month we have had two evening meetings and the AGM. Dr. Marsha Morgan gave us a talk entitled 'Alcohol, Friend or Foe?'. This gave us an insight into the cases for and against alcohol. In its favour, was the vast amount of revenue which the Government receives from the taxes on alcohol, the number of people employed in the industry, and the amount of advertising which is devoted to the sale of alcohol. Against it were the figures for the amounts which each of us drinks on average in a year – 243 pints of beer, 21 pints of wine and 9 pints of spirits! She also told us of the 50,000 premature deaths per annum due to alcoholism – maybe we should all stop drinking at once!

The other talk was how to plan our practice to fit in with your ideas of colour and design for your surgery. It was surprising to see what could be created from apparently derelict buildings which you would never imagine could be turned into dental surgeries.

For the AGM the lecture theatre was absolutely packed – a change from last year when only six people turned up! I wonder if it had anything to do with the fact that the speaker after the AGM was Martin Brookes, who always manages to draw the crowds.

The new representatives were announced, and are as follows:

Secretary:	Pat Sequira
Treasurer:	Karen Rawcliffe
4th Clin year:	Jane Pascoe
3rd Clin year:	Ian Harris John Pollard Rob Simmons
2nd Clin year:	Tony Rose Johnathan Krum Sarah Cuffin
1st Clin year:	William Schaeffer Simon Manara Paul Abrahams

As outgoing president, Mr. P. Longhurst welcomed Mr. R. Haskell and wished him all the best with his year of office.

The Secretary's report was given by Mark Foster, who reminded us of some of the meetings we had enjoyed during the year, and the receptions – thanks to the continued support and sponsorship of many companies.

The Treasurer, Sagi Patel, showed us lists of complicated accounts, and ended by assuring us that the society had not made a loss this year!

Mr. Peter Longhurst announced the names of the students who would be receiving the Dental Society Elective Awards:

John Willis Memorial Scholarship	Mark Foster Rosemary Bryan Elaine Parsons
Clinical Day Award	Wendy Harris
Coutts Bank Award	Barbara Mielnik
Medical Sickness Society Award	Gilbert Mak
Wisdom Award	Simon Flynn Barry Quinn
Tombola	Ian Cooter
I.C.I.	Clare Shanks Abi Pal

With no other business from the AGM we continued with the main attraction of the evening – Mr. Martin Brookes' talk "Trance Formations" or "Using the Brain for a Change!". Many of us had gone to the lecture to be hypnotised, and we were not disappointed. We were surprised when he told us that many of us were hypnotists, and that "All communication was hypnosis and all hypnosis was communication".

It was, as always, a very lively and informative talk, and many questions were asked in the reception, sponsored by the BDA, which followed.

As this will be the last Dental Society report from this academic year, I would again like to thank all the speakers and sponsors who have made this year's meetings so successful, and to wish the next President and committee all the very best for the coming year.

bosp

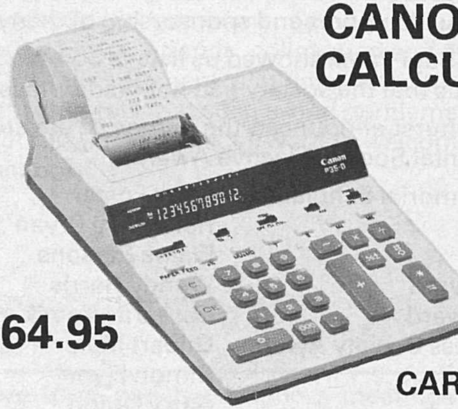
OFFICE EQUIPMENT
FURNITURE
BEELINE HOUSE
FARWIG LANE, BROMLEY
01–460 9811

MACHINES SHOWROOMS
& SHOP
39 EAST STREET
BROMLEY

VISA

SPECIAL OFFER
TO READERS OF "GUY'S"

CANON P35D
CALCULATOR



ONLY £64.95
+ VAT

CARRIAGE FREE

Features –

- ★ Display only or print and display
- ★ 12 digit capacity
- ★ Standard plain paper 2¼" roll
- ★ Percentages
- ★ 4 key memory
- ★ Item count
- ★ Long life cassette ink roller

bosp

Physiotherapy

"Everybody was friendly – the parking attendant, the physio, the people who sweep up – everybody". Thus, a young professional cricketer reported in a Sunday newspaper. How does one react? With *amour propre* blighted by the juxtaposition, or with satisfaction that the physiotherapist was included amongst the communicators?

At first glance, it does seem belittling – not on a personal note perhaps but on a professional one. Anyone with any experience of life will recognise that the value of a good attendant and a good cleaner goes far beyond the job that they actually do. No doubt one should accept that they too have had a lengthy training if only in terms of experience before they reached this degree of excellence, but nonetheless to equate the complexities of the jobs does not seem reasonable.

But looked at from the other viewpoint – that the physiotherapist was felt to be someone who could be spoken to and who would be likely to listen and to respond – one cannot but be glad to be included in this company. It is no new news that many patients find it difficult to talk to their medical practitioners or to others involved in their care. Any of us who has had the experience of being referred for some sort of test or treatment, will have been potentially exposed to slights and snubs from those who know, towards us who do not. The particular requirements of the procedure, so well known to the specialists, are – perhaps in consequence – so often poorly spelt out to the victim. Their familiarity breeds not necessarily contempt, but a failure to remember that this is a new experience for the other party.

No doubt, many of us could not cope with a comprehensive explanation, either by virtue of not understanding the scientific foundation or by becoming the more apprehensive as detail was laid upon detail. But a simple account, a readiness to answer ingenuous questions – these may reassure the uneasy and gain their cooperation.

You might object that your time was too valuable, too short to allow for this sort of PR work. All right for the carpark man, or the cleaner propelling her polisher between the beds. All right for the physiotherapist who has the patient in her hands, metaphorically or literally, for a measurable period, and with the facility to concentrate on him exclusively. But not for you with more than one problem to consider and loftier thoughts to occupy your mind?

Of course, as we all know, it is not what but who you are that makes the difference. There are surly carpark attendants who beam and open up for the influential, but ignore the lowly or swing the door shut. There are grumpy cleaners complaining that the floor is too clutterd up to allow her to use her machine. Who has not met the off-hand physiotherapist affecting not to notice the patient hovering deferentially at the door until her conversation is finished? There does exist the charming, receptive, courteous doctor who listens eagerly, with no hint of pressure of time. You meet them all – and you meet some pretty unspeakable young professional cricketers, as well!

Ronald Cooper

Book Reviews

Principles and Practice of Surgery by Forrest et al. 1st Edn; Pp 672; £17.50; Cover: Soft; Churchill Livingstone.

This is a brand new textbook of surgery. It is advertised as a companion volume or surgical supplement to Davidson's Principles and Practice of Medicine, which is a pity since it stands perfectly well on its own merits. Apart from the three authors there are nine other specialist contributors, but despite this the book does have a uniformity which presumably reflects good editorial practice.

The text is related to surgery in general, and indeed the first twelve chapters are devoted to general topics such as shock, fluid and electrolytes, surgical nutrition, wound healing etc. Although urology, neurosurgery and chest surgery are included, orthopaedics is not, a wise decision since this would have considerably increased the size of a book already running to nearly 700 pages. As the authors point out it is hoped that the text will be suitable not only for undergraduates but also for those aspiring to the new Part 1 examination in surgery in general for the FRCS, Edinburgh.

The book is very well set out and printed, easy to read and illustrated by very acceptable line drawings. It is spiced with a small amount of operative detail for common procedures such as appendicectomy and there are appendices at the end which include adequate detail of common procedures such as insertion of a central venous line and an intercostal drainage tube.

I have to confess to liking the book, and as far as it goes the content is more than enough for the undergraduate. In general there is sufficient detail to make it interesting reading, but in the absence of orthopaedics and ENT surgery it is not a comprehensive volume for the undergraduate on its own. With this reservation I would recommend that students at least peruse it and at £17.50 it is very reasonably priced for purchase. For those intending to take the Edinburgh FRCS, I would assume that this text has been tailored to the new Part 1 of the examination.

Mr. MARTIN JOURDAN
Consultant and Senior Lecturer
Dept. of Surgery

"Cash's Textbook of Neurology for Physiotherapists", by Patricia A. Downie (Ed.), 4th Edn. Pp. 653. Price £9.95. Cover: Soft. Published by Faber and Faber.

This is the second version of Neurology for Physiotherapists to be edited by Miss Downie, and it shows a great deal of revision and expansion. Most of the earlier errors have been corrected, although some verbless sentences persist and out of date terminology does occasionally appear. There is a little repetition, sometimes one author at variance with another, but it is minimal, and earlier criticism that assertions were often not supported by references has been met.

Of the 28 chapters, a few remain essentially the same, but most are either completely new or extensively re-written. The sections on the principles of assessment and treatment are good, and follow an introductory review of neuroanatomy and physiology which is more succinct and relevant than its predecessors. The introduction of points relating to patient assessment into chapters dealing with specific disorders is also an improvement.

Consideration of clinical features separate from management or therapy is more broadly employed than before, and is generally helpful. Overall, the impression gained is that of a more "professional" book.

Despite its increased size, the text is more spare and the writing more tight, with a better ratio between vague statements and substantiated facts. What repetition there is of parts of the previous edition, is defensible, and where changes have been made the results are good. This book can be strongly recommended to physiotherapists, both student and qualified, and would be of interest to other professionals concerned with the care of patients with neurological problems.

RONALD COOPER
Superintendent
School of Physiotherapy

"Passing Medical Examinations" by M. H. Pappworth. 2nd Edition. Pp. 100. Price: £6.95. Cover: S. Published by Butterworth.

Perhaps there is some medical school where medical examinations really test the ability to practise as a doctor and where success follows naturally from a good medical curriculum. If you are lucky enough to train there then there will be no need to pay particular attention to training for the examination. In an examination such as Finals most students do pass and will do so without this training. However, in most cases there is room for improvement in the approach to the various parts of the examination. For borderline candidates and those taking postgraduate examinations, where the majority fail, attention to the technique may be their salvation.

Pappworth's short book on Passing Medical Examinations provides a lot of good information in less than a hundred pages. The book deals with approaches to MCQ's, essays, orals, long and short cases. As in Pappworth's other book, 'A Primer of Medicine' the approach is often didactic and inevitably everyone will find areas of disagreement. However, most of the advice is very sensible. The main gain for students will be a feeling of confidence that they have some idea what to expect from the various parts of the examination.

There is a lot that many examiners could learn from this book also, particularly on their attitude to orals and clinicals. A few may even recognize themselves from Pappworth's descriptions. Many of the points brought out in the book are obvious, but still often ignored by students. No one can expect to pass an MCQ examination unless they mark a pass mark's worth of answers. In the clinicals, there is lots of good advice, avoiding using 'I think', avoiding abbreviations and the confessional approach to justify mistakes and omissions. He stresses the all-important three minutes at the end of the long case when examination should stop to allow time to work out the problems and the approach to presentation.

I do not like the technique of ordering the examination from the top downwards, starting with the head and face including cranial nerves, and I am sure it is a mistake to leave out questions about alcohol consumption unless there is a large liver or peripheral neuropathy on examination.

Overall, this book provides good advice for examination candidates at all levels but particularly for Finals. Much of the information may be known to those taking higher examinations such as M.R.C.P., but an evening spent reading this book would repay the loss of a night's reading of more erudite tomes.

P. J. REES
Clinical Tutor

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY

Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

"The Neglected Ethic" by Chris Sampson. 1st Edn. Pp 112. Price: £3.75. Cover: Soft. Published by McGraw-Hill.

A late lamented nursing officer managed one small aspect of the exterior requirements of a Moslem's religious beliefs with disarming simplicity. "When they die", she said, "You just remember to turn their faces towards London Bridge!"

Chris Sampson's book, "The Neglected Ethic" reminds us that there is more to it than that whilst at the same time raising interesting questions about the interface of religion and medicine. It interested me as a religious professional, sharing as I do in the complex arena of faith and doubt in response to suffering and pain, as well as the relation of faith to medical ethical issues, that the book was written by a nursing professional.

The author gives a lucid and comprehensive account of the varieties of religious practice and belief which may be met in hospitals in this country. Readers can therfore glimpse from the outside many religious beliefs which will be foreign to them. Used wisely it will help US to serve THEM.

One danger is that it may be used too simplistically merely as a text book. Because religion reflects cultural and social values, it is always difficult to cross religious frontiers. However, if it encourages readers to explore the roots of their own religious beliefs then it will enable a more sympathetic understanding as opposed to mere toleration of another's odd ways.

This is a book of its time and for its time. Now that the world is a global village, there has been a rise in fundamentalism as groups within the village attempt to cope with fear of losing their identity. We live in a time of religious change. Religion at its best does not merely deal with rational thought or moral values but unconscious processes in myth and symbol. At this collective depth, world religions share much in common and I was sorry that the author did not help the readers to grapple more with this truly fascinating ecumenical area which incarnates much of the hope of a global future at a time when we are faced with possible global destruction.

The Revd. TED MARTIN
Hospital Chaplain

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

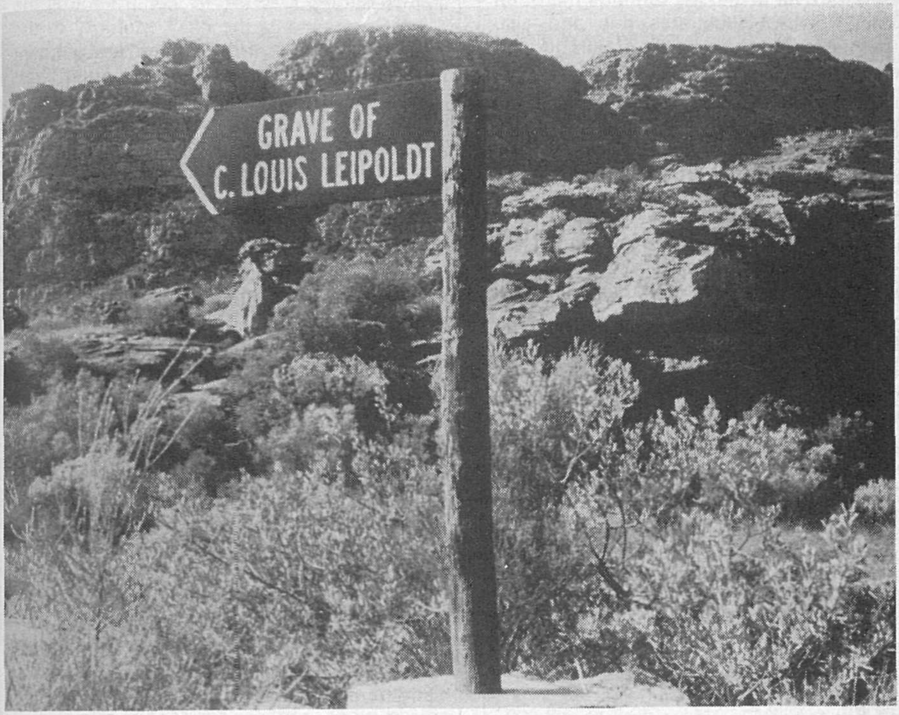
Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

for orders £ 5.00 to £14.99 please add	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60

Correspondence



C. Louis Leipoldt

Dear Sir,

A few years ago I contributed a short article to the *Gazette* on C. Louis Leipoldt, FRCS*, surely one of the most versatile and interesting characters Guy's has produced. Noted as a medical practitioner, botanist, journalist, poet, playright, author, editor, gourmet cook, and traveller, a postage stamp was printed in South Africa in 1980 to mark the centenary of his birth.

Recently I had the opportunity to visit his burial place. He died in 1947 and a casket containing his ashes was interred at the entrance to a cave in a desolate area of the Cederberg mountains in the Western Cape (photograph). The grave is reached by a gravel road from the town of Clanwilliam, his birthplace, which is situated approximately 200 kilometres north of Cape Town. The rock formations in this region are strange and varied, and many of the wild flowers which abound were first described by Leipoldt himself and bear his name.

A book is kept at his graveside in which visitors may inscribe their names. Over 100 people had visited the burial site during the seven days before my visit, and I noted over 750 visitors in some months during the past year. It is surely a tribute to the man that so many still wish to pay their respects to him so many years after his death; it is even more remarkable that they are prepared to travel to such an isolated place to do so.

Yours faithfully,

D. K. C. COOPER,
Associate Professor of
Cardiothoracic Surgery

---

*Guy's Hospital *Gazette*, Part I, 31st January 1981, pp.24–27; Part II, 28th February 1981, pp.58–63.

Sorry I'm Late, Sir

Dear Sir,

I read with sadness the very sympathetic and understanding obituary of Jack Hunt written by Ian Macdonald, in your last issue. The reference to Jack Hunt's insistence on prompt arrival at classes reminds me of an occasion which illustrates this and also demonstrates his keen sense of humour and quick repartee.

He and I had taken up our positions at the door of the Physiological laboratory in readiness for the usual routine. This went as follows: Hunt "You're late". Hapless student "I'm sorry sir" (it was many years ago – hence the form of address), "but there was fog/ice/snow/points-failure on the line to London Bridge". Hunt, "But Professor Anderson has travelled from Sussex by rail and he has managed to get here on time, where do you come from?" Hapless student's usual reply, "Honor Oak Park, Forest Hill or some such place". Then there followed a dressing down. But on this occasion the reply to Hunt's question was "Malawi, sir!" and Hunt's reply was, "well in that case you haven't done too badly".

Yours faithfully,

D. J. ANDERSON

Military Amnesia

Dear Sir,

I am glad Mr. Ripman pointed out in his letter to the *Gazette* (April 5, 1986), that I erred regarding the dates of the end of the war in North Africa and our landing on the continent of Europe, in my article on the introduction of Dr. Otto von Habsburg's lecture on "The European Challenge". When coming to Guy's in 1944, the second front had not yet happened in the eyes of our Russian allies creating a military amnesia in my thoughts; which reaffirms the necessity to check historic dates before publishing them. As soon as I read Mr. Ripman's letter I telephoned him and thanked him for pointing out this error.

Yours sincerely,

HENRY WINSLEY-STOLZ
102 Muswell Hill Road
N10 3JR

Health Under Apartheid

Dear Sir,

I feel a reply to Dr. von Flaxman, of the African National Congress (Guy's *Gazette*, April 5, p.109) is indicated by one who has been resident in South Africa for 11 years since retiring in 1974. His statement that the A.N.C. represents the black majority in the country is very far from proven, and a recent well conducted opinion poll amongst them suggests quite the opposite with a considerable majority *not* in favour of sanctions or disinvestment. They realise only too well it is not mainly the whites, but blacks themselves, who would suffer, both in South Africa and the surrounding countries.

The A.N.C. is absolutely committed to violence and does not want peaceful evolutionary change which would be to its disadvantage. It has been noteworthy that, when the government introduces reforms towards elimination of apartheid, violence increases!

To compare South Africa with Occupied France during the war is quite ludicrous. At present the violence is almost entirely directed towards their fellow blacks in an effort to try and intimidate those who disagree with their methods. Does Dr. Flaxman really approve of the horrific "necklace" murders where an old car tyre, soaked in petrol, is put around the victim's chest and then set alight? Policemen, government officials, those in fact associated with the structures used to maintain law and order are the main victims. Some 150 cases are on record and possibly double or treble that number in actual fact. Black policemen in the townships are having a terrible time at present. Can you imagine the state of the country if these elements were in power?

The majority of blacks are decent law abiding citizens who, in spite of all they have had to suffer in the past, would opt for peaceful change if only allowed by revolutionary leaders to do so. Dr. Flaxman says South Africa is in a state of war and suggests that violence is the only solution. If so, God help this country.

Yours sincerely,

H. N. W. HARLEY
5 Sunwood Drive, Toxai
7945 Cape, S. Africa

Contagious Lift*itis*

Dear Sir,

I refer to your less than accurate report concerning the "laying-off" of the on-site Liftologist (*Passim*, 7th June 1986) and am sure that your readers would wish to know that the demise of the said Liftologist, like that of Mark Twain, has been greatly exaggerated.

The fact of the matter is that the last Liftologist left for pastures new (a rival company no less) and was replaced by the present incumbent. Guy's Tower lifts will continue to receive routine and full time attention from the manufacturer's engineer whilst emergencies, particularly those involving trapped passengers, will be dealt with by the nearest available engineer, in-house or manufacturer. For reasons of safety it will, on occasion, be necessary for either of these sources of assistance to seek help from the other.

Yours faithfully,

Dr. A. C. SELMAN,
Director of Works

Sport

Finally summer has arrived and, as temperatures soar into the eighties, the commitment of even the hardiest sportsmen is tested – why suffer in the sweltering heat when you can relax in front of the television, can of lager in hand, watching the World Cup, Wimbledon, or the Test Match? Unfortunately this lethargy has struck even the sports writer – more copy please!

Alas, the fine weather has come too late for the Summer Festival which was held at H.O.P. amid grey skies and persistent rain. Nevertheless, all those that competed had great fun; the football competition was won for the third successive year by the excellent Pheasant Pluckers, who easily beat the bleeding Haematology Dept. in the final. The other highlight of the Festival was undoubtedly the obstacle race which featured a very large, very cold, very wet swimming pool.

The pleasant surroundings at H.O.P. on a sunny day has brought unexpectedly large numbers of spectators to watch both First and Second Cricket teams. The Second XI has developed a new variant of the game, more suited to the conditions, where emphasis is placed evenly on slow cricket and fast drinking. A good game is had by all, and I feel that this sort of commitment is to be encouraged. Mike Seare's new rules remain to be accepted by the T.C.C.B., however ("I arranged this game, and it's my bat, so I'm not out, O.K.?") The First XI have started winning games again, after their disastrous defeat in the 2nd round of the U.H. Cup, by the London Hospital. Last gasp victories over Crofton Park C.C. and Gray's Inn C.C. provided splendid entertainment for the sun-worshippers at H.O.P.

The golf season is also in full swing (sorry!). Under the responsible leadership of Gavin Shannon the team has completed matches against St. Thomas' (drawn), the Presidents XI (lost) and competed in the U.H. Cup (an admirable 3rd place). The McLean Cup was won, comfortably, by Mr. T. M. Coltart.

The Hockey (Men's and Ladies') Club A.G.M., and the Football Club A.G.M. have both been held recently and reflect the enthusiasm present in both clubs. The Men's Hockey Club, under the vigorous leadership of the new President, Mr. John Spencer has had an outstanding season, notable for the number of good freshers. Young Stuart Millar was elected captain for the forthcoming season, with Alan Baird voted Club Secretary, and also Player of the Season.

Vanessa Skelton was elected Ladies' Hockey Captain; Sarah Lambert in charge of the vital physio's element of the Club.

The Football Club A.G.M. was once again an excellent evening with a good attendance from Past and Present players. The importance of an efficient and keen secretary was pointed out in Chris Pocock's "paranoid speech" and David Bailey was chosen for the task. Nick Tucker was the unanimous verdict for Captain.

N.D.M.

Squash Club Report
85–86 Season

The men's student teams in the University of London League had a successful season, with all three teams retaining their respective positions in Divisions Three, Five and Six in the first half of the season, up to Christmas. After Christmas the Third Team (Dominic Yu (Capt.), Al Ward, Neil Davies and Samir Latifi) again held their own in the Sixth Division. The Second Team (Nick Sarson (Capt.), Andy Goode, Simon Elphick, Simon Charlesworth and Rick Harty) played some heroic social squash and finished the season comfortably in mid-division. The First Team (Boris Barbour (Capt.), Maurice Yaffe, then any two of the following: Julian Feneley, Chris Chin, Andy Goode, Nick Sarson) won Division Three and will start next season in the Second Division. They may return to the Third, shortly thereafter.

The results for the ladies in the University League are not availabe as the marker's car was broken into and the results were lost. I am assured, however, that the First Team (Wendy Harris (Capt.), Ruth Morgan, Katie Costain, Alison Law) completed the season in the first three of Division One. The Second Team (Susie Banks (Capt.), Kim Chesterfield, Helen "Nelly" Buckland and Janet Neal) held their position in Division Two. Congratulations!

On the Club scene there have been two handicap tournaments. The first, held in the first term, was attended by 16 people and won by Boris Barbour ("Sars" did the handicapping) who beat Chris Chin in the final. The tournament in the second term was a larger affair with about 30 competitors turning out. The handicapping was on an individual basis (often based on mere rumour) and a scoring system more suitable to a handicap competition was used. Apart from the failure of women to progress to the final rounds in an allegedly mixed tournament, the handicapping was fairly well "calculated", with the last two rounds consisting of three-setters. In the semi-finals Nick Sarson, playing at the peak of his form, beat Boris Barbour, and Mohan Seevaratnam defeated Andy Goode. The final between "Sars" and Mohan was long and tense, but Mohan, completely exhausted, finally succumbed to the unstoppable "Sars", who carried off the bottle of champagne. The spectators retired to The Grapes.

Another handicap tournament is planned for the beginning of the autumn term. The handicapping will be fairer to women, some hopefully being able to reach the final rounds. Those interested should watch the large poster wall in Boland House next term. The Club is keen to promote more mixed contacts and a better club atmosphere.

Two hops have been held, one at the beginning of February, featuring three drinks promotions, and another in May. Both were profitable, particularly the first, and hopefully were enjoyed by all present. The third week after freshers' week has been booked for the next, so keep that Friday free.

The AGM was held on 15 May and among other matters discussed were the idea of a tour some time next year, which would be subsidised by the proceeds from hops, and a proposal to hold a Squash Club Dinner, open at subsidised prices to team players and partners, provisionally on 27 June. Players interested should keep in touch with Nick Sarson or Boris Barbour. For those too lazy to come to the AGM the President's Cup side has already been fixed, so better luck next year!

Finally, our thanks and best wishes are extended to those Club members who are leaving Guy's before the next season: William Hanks, Chris Chin, Clive Pidgeon, Susie Banks, Helen Buckland, Kim Chesterfield and Alison Law.

Boris

Hospital Information

PAPERS BY GUY'S PEOPLE

Allan, L. D., Crawford, D. C., Chita, S. K. and Tynan, M. J. Prenatal screening for congenital heart disease. **British Medical Journal,** 1986, **292,** 1717–1719.

Ashley, F. P. and another. Assessment of the W.H.O. partial recording approach in identification of individuals highly susceptible to periodontitis. **Community Dentistry and Oral Epidemiology,** 1986, **14**(3), 152–155.

Baker, E. J., Chen, S., Clarke, S. E. M., Fogelman, I., Maisey, M. N. and Tynan, M. Radionuclide measurement of right ventricular function in atrial septal defect, ventricular septal defect and complete transposition of the great arteries. **American Journal of Cardiology,** 1986, **57**(13), 1142–1146.

Benham, F. J. and others. Human glyceraldehyde-3-phosphate dehydrogenase: mRNA sequence and derived amino acid sequence. **Biochemical Society Transactions,** 1985, **14,** 103–104.

Berry, A. C. and another. Familial transmission of a non-Robertsonian translocation dicentric. **Clinical Genetics,** 1986, **29,** 246–250.

Briggs, D. C., Laurent, M. R. and others. Genetic susceptibility to early onset pauciarticular juvenile chronic arthritis: a study of H.L.A. and complement markers in 158 British patients. **Annals of the Rheumatic Diseases,** 1986, **45,** 464–474.

Buckland-Wright, J. C., Carmichael, I. and Walker, S. R. Quantitative microfocal radiography accurately detects joint changes in rheumatoid arthritis. **Annals of the Rheumatic Diseases,** 1986, **45,** 379–383.

Cameron, J. S. and others. Role of antigenic charge and antibody avidity on the glomerular immune complex localization in serum sickness of mice. **Clinical and Experimental Immunology,** 1986, **64,** 606–614.

Cerio, R. and Macdonald, D. M. Methods: Effect of routine paraffin wax processing on cell membrane immunoreactivity in cutaneouis tissue. **Journal of Clinical and Laboratory Immunology,** 1986, **20,** 97–100.

Chapman, M. G. and another. Aetiological factors in placenta praevia – a case controlled study. **British Journal of Obstetrrics and Gynaecology,** 1986, **93,** 586–588.

Cochrane, G. M. Bronchodilator treatment. **Practitioner,** 1986, **230,** 555–561.

Cybulska, E. and another. Gross self-neglect in old age. **British Journal of Hospital Medicine,** 1986, **36**(1), 21–25.

Dowling, R. H., Reuben, A., Qureshi, Y. and Murphy, G. M. Effects of obesity and weight reduction on biliary cholesterol saturation and the response to chenodeoxycholic acid. **European Journal of Clinical Investigation,** 1986, **16,** 133–142.

Giannelli, F. DNA maintenance and its relation to human pathology. **Journal of Cell Science,** 1986, suppl 4, 383–416.

Gibson, T. Foot deformities in rheumatoid arthritis. **Geriatric Medicine Today,** 1986, **5,** 39–50.

Hall, S. M. Regeneration in cellular and acellular autographs in the peripheral nervous system. **Neuropathology and Applied Neurobiology,** 1986, **12,** 27–46.

Handler, C. E. Investigation of symptom free patients after myocardial infarction. **British Heart Journal,** 1986, **55,** 531–534.

Henry, J. A. and Cassidy, S. L. Membrane stabilising activity: a major cause of fatal poisoning. **Lancet,** 1986, **1,** 1414–1417.

Hodgson, S. V., Crolla, J. A., Bobrow, M. and others. A balanced de novo X/autosome translocation in a girl with manifestations of Lowe syndrome. **American Journal of Medical Genetics,** 1986, **23,** 837–847.

Hodgson, S., Hart, K., Walker, A., Cole, C., Johnson, L., Bobrow, M. and others. DNA deletion in boy with Becker muscular dystrophy. (Correspondence.) **Lancet,** 1986, **1,** 918.

Holt, P. M. and Boyd, E. G. C. A. Hematologic effects of the high-energy endocardial oblation technique. **Circulation,** 1986, **73**(5), 1029–1036.

Houston, W. J. B. Current trends in orthodontic treatment. **Archives of Disease in Childhood,** 1986, **61,** 536–537.

Hughes, R. A. C. Immunological treatment of multiple sclerosis. II. (Editorial,) **Journal of Neurology,** 1986, **233,** 66–68.

Kadombari, S. R. Manic-depressive psychosis in a mentally handicapped person: diagnosis and management. **British Journal of Psychiatry,** 1986, **148,** 595–596.

Kay, A. European League against Rheumatism study of adverse reactions to D-penicillamine. **British Journal of Rheumatology,** 1986, **25,** 193–198.

Kay, R., Hughes, R. A. C. and others. Optic neuritis following chickenpox in adults. **Journal of Neurology,** 1986, **233,** 182–184.

Lehner, T., Mehlert A. and Caldwell, J. Local active gingival immunization by a 3,800-molecular-weight streptococcal antigen in protection against dental caries. **Infection and Immunity,** 1986, **52**(3), 682–687.

Luke, D. A. and others. Food breakdown patterns produced by human subjects possessing artificial and natural teeth. **Journal of Oral Rehabilitation,** 1986, **13,** 205–214.

McCance, D. J. Human papillomaviruses and cancer. **Biochimica et Biophysica Acta,** 1986, **823,** 195–205.

McCullock, A. J. and another. Treatment of oligodontia. **Restorative Dentistry,** 1986, **2**(3), 70–74.

Meredith, T. J. and others. Paraquet poisoning. (Correspondence.) **Lancet,** 1986, **1,** 1439.

Neild, G. H., Taube, D. H., Hartley, R. B., Bignardi, L., Cameron, J. S., Williams, D. G., Ogg, C. S. and Rudge, C. J. Morphological differentiation between rejection and cyclosporin nephrotoxicity in renal allografts. **Journal of Clinical Pathology,** 1986, **39,** 152–159.

Neill, D. J. and Howell, P. G. T. Computerized kinesiography in the study of mastication in dentate subjects. **Journal of Prosthetic Dentistry,** 1986, **55,** 629–638.

Newton, J. A., Camplejohn, R. S. and McGibbon, D. H. Aneuploidy in Bowen's disease. **British Journal of Dermatology,** 1986, **114,** 691–694.

Palmer, R. M. Identification of myoepithelial cells in human salivary glands. A review and comparison of light microscopical methods. **Journal of Oral Pathology,** 1986, **15**(4), 221–229.

Panayi, G. S. and another. Retroviruses in rheumatoid arthritis. (Correspondence.) **Annals of the Rheumatic Diseases,** 1986, **45,** 439.

The Professionals in Protection

Founded 1892

The Medical Protection Society

50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: 0532 442115

Poston, R. N., Sidhu, Y. S. Diagnosing tumours on routine surgical sections by immunohistochemistry: use of cytokeratin, common leucocyte, and other *markers*. **J Clin Pathol** *1986;* **39**: 514–523.

Price, R. and Gibson, T. D-penicillamine and psoriatic arthropy. (Correspondence.) **British Journal of Rheumatology**, 1986, **25**, 228.

Procter, A. W. and others. Excitatory amino acid-releasing and cholinergic neurones in Altzeimer's disease. **Neuroscience Letters**, 1986, **66**, 199–204.

Qureshi, S. A. and another. Non-invasive measurement of LVEDP. **Lancet**, 1986, **1**, 1383–1384.

Rokkas, T., Anggiansah, A., Uzoechina, E., Owen, W. J. and Sladen, G. E. The role of shorter than 24–HpH monitoring periods in the diagnosis of gastro-oesophageal reflux. **Scandinavian Journal of Gastroenterology**, 1986, **21**(5), 614–620.

Schey, S. and another. Disseminated intravascular coagulation. **Surgery**, 1986, **1**, 781–784.

Sharp, D. Antenatal care. (Correspondence.) **Lancet**, 1986, **1**, 1494.

Simmonds, H. A. and others. Superactivity of human phosphoribosyl pyrophosphate synthetase due to altered regulation by nucleotide inhibitors and inorganic phosphate. **Biochimica et Biophysica Acta**, 1986, **883**, 168–176.

Simmons, N. A. C.C.H.M.S. guidance on Griffiths. (Correspondence.) **British Medical Journal**, 1986, **292**, 1741.

Simmons, N. A., Cawson, R. A. and others. Prophyllaxis of infective endocarditis. (Correspondence.) **Lancet**, 1986, **1**, 1267.

Smith, N. Devolving management: viewing Griffiths as a grassroots movement. **Health Service Journal**, *1986*, **96**, 724–725.

Spohn, M. and McColl, I. Ethonal; its effect of the synthesis of proteins by guinea-pig gastric mucosa. **Biochemical Pharmacology**, 1986, **35**, 1909–1914.

Tidman, M. J., Horton, J. J. and Macdonald, D. M. Hydroquinone–induced ochronosis-light and electron-microscopic features. **Clinical and Experimental Dermatology**, 1986, **11**, 224–228.

Walker, A. My student elective. On being a masseuse in Thailand. **British Medical Journal**, 1986, **1**, 1442–1443.

BIRTHS

JONES – On May 24, 1986 at Ronkswood Hospital, Worcester, to Siân and Peter, a daughter – Katie Elizabeth, a sister for Rebecca.

JONES. To David and Janty (née Morison) a son, Jack Edward, brother to Beth, born on May 18, 1986 at Royal Air Force Hospital, Ely.

MARRIAGE

FAWCETT-GLEDHILL, William John, M.B., B.S. 1985 and Helen Fiona, M.B., B.S. 1985 at Lightcliffe, West Yorkshire.

DEATHS

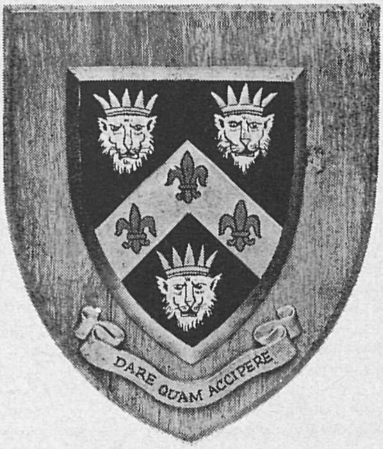
CAWTHORNE, Wendy Phyllis (née Towell), M.B., B.S., F.R.C.S.(Edin.), L.R.C.P., F.R.S.M. on May 31, 1986 suddenly from natural causes, aged 30. Widow of Adrian Cawthorne, M.A. Cantab., and devoted mother of Charlotte Rosemary aged 2½ years.

BODDY, David John on May 14, 1986 at the age of 46. Qualified from Guy's with B.D.S. (Hons.) in December 1963.

PERSONAL

BRITTANY SOUTH; PLEUVEN, 6 kms from Benodet and Beg Meil, 11 kms from Quimper. "Gite rural" type accommodation in newly renovated farm. Sleeps 4. Living-room, bath, kitchen, full comfort. Parking. Shopping centre. Free 28 June – 6 Sept. 1,500frs/week, deposit 500frs (£150/w). Tel. 010331 60 65 73 69 or 01033 98 54 66 29. John Rickard, 9 Allée des Chènes, 77310 BOISSISE-le-ROI, FRANCE.

Guy's Hospital Gazette



High quality Shields, available only from the Gazette

Cost £15.00 (+ 50p p & p)

ORDER FORM

Name ....

Address ....

....

Please send me.........Guy's Shields at £15 each (+ 50p p. & p.).

I enclose a remittance of £.................

To: The Manager, *Guy's Gazette,*
23b St. Thomas' Street, SE1 9RT.
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 *a.m.—5 p.m.*

THE WILLS LIBRARY
GUY'S HOSPITAL,
LONDON, S.E.1.

Guy's Hospital Gazette

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITORS NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITORS JONATHAN CIESLICKI AND JEREMY GREGG
SPORTS CORRESPONDENT NAVROZ MASANI
PHYSIOTHERAPY CORRESPONDENT RONALD COOPER
MANAGER SYLVIA RODD

THE WILLS LIBRARY
11 SEP 1986
GUY'S HOSPITAL MEDICAL SCHOOL

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

Page
PASSIM 279
NEWS IN BRIEF 280
OBITUARY
Jimmy Goodliffe 285
APPRECIATION
Osmond Hoskins 287
OBSTETRIC RETROSPECT
A VERY PERSONAL RECOLLECTION
PART 1
by Hujohn Ripman 289
OLD AGE MUSICALS
by R. R. Lewis 295
OPERATIONS OF A DIFFERENT NATURE
by Kate Godber 296
RESEARCH AT GUY'S
Pharmacology Department 297
ANATOMY – ANALYSIS AND SYNTHESIS Part 1
by Professor R. Warwick 299
"DENTISTRY – AN ALTERNATIVE PHILOSOPHY"
reviewed by Wendy Harris 305
DENTAL NOTES 307
PHYSIOTHERAPY 309
BOOK REVIEWS 310
CORRESPONDENCE 313
SPORT 315
HOSPITAL INFORMATION 319

AUGUST 30, 1986 VOLUME 100 NUMBER 2365
Published Monthly at Guy's Hospital, London. All rights reserved.

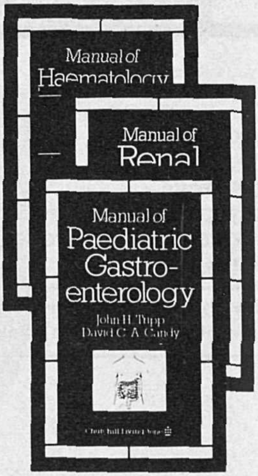
Pass your exams with Churchill Livingstone

The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll



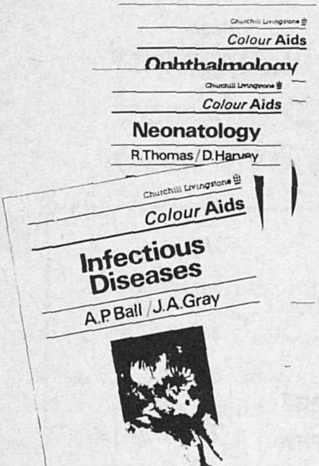
Manual of
Haematology
Manual of
Renal
Manual of
Paediatric
Gastro-
enterology
John H Tripp
David C A Candy
Churchill Livingstone

Colour Aids

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.



Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious
Diseases
A.P. Ball / J.A. Gray

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

The Changing Faces of Guy's

This issue heralds the return of the editorship to medical hands, and also the first of our articles summarising research going on at Guy's. We would like to take this opportunity to extend an open invitation to all research departments to contribute to this continuing section.

In both the dental and medical hospitals the old guard has been replaced by new house physicians and surgeons (see Hospital Information). We hope those who are leaving will keep in touch with the alma mater through our pages and that their successors will also subscribe to the *Gazette.*

A blinkered existence?

With both editors about to embark on the clinical course, it is perhaps appropriate to look back over the last two years and consider the pre-clinical years. One of the overriding memories is that of endless exams. Because of the pressure of work and of the fact that most of us live and study in an atmosphere shared only with other medics, dentists, physios, nurses and radiographers, there is a risk that our social life becomes stifled by the insularity of the medical environment. Even in University of London halls of residence, the medics are segregated. Whether this is because of the terrible reputation of medical students or because they need peace and quiet for their recognisedly arduous studies is an open question.

However, for all people working in medically related professions, the importance of understanding and communicating with people and patients is paramount. Such understanding and communication cannot be taught *formally but can only be encouraged in our clinical experience. It is left* largely to the individual student to develop in this way. But the nature of student selection, the organisation and intensiveness of the course and the historical segregation of the Hospital from the University all make it difficult and inconvenient for students to broaden their social horizons outside. There is a danger that we, the future medical profession, become isolated and thus perpetuate the image that the medical profession as a whole appears blasé and removed from the problems which our fellow men perceive.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

News in Brief

TOMBOLA 20p per ticket

The Friends of Guy's Summer Fair

The Friends of Guy's Biennial Fair was held in the Park at Guy's on Thursday, 22nd May, 1986.

It was a very successful day with music and competitions provided by Radio Guy's, and the sum of £4,500 was raised. Together with the proceeds of a Super Raffle and generous donations, a final total of £8,000 was raised by The Friends. This year these funds will be used to provide special equipment for use in the intensive care of babies and children. Our grateful thanks to everyone who gave their help, gifts and money to make this day such a success.

Cancer Research Bequest

When Mr. Goodliffe died recently, his family requested that instead of flowers his friends should send donations to the Medical School for cancer research. Many Guy's men who remember Jimmy with affection may like to add to the numerous gifts that have already been received.

Lord Brock Memorial Trust – St. Thomas's and Guy's Historical Essay Prize 1986

The Lord Brock Memorial Trust, which is responsible for the Old St. Thomas's Operating Theatre and Museum near Guy's, holds an annual competition for an historical essay on a medical subject. The prize is £100 and the winner is also granted 3 years' honorary membership of the Faculty of the History and Philosophy of Medicine and Pharmacy, Worshipful Society of Apothecaries.

Prospective entrants should obtain approval for their proposed subjects from Mr. B. T. Jackson, Consultant Surgeon (if based at St. Thomas's) or Professor I. McColl, Professor of Surgery (if based at Guy's). Any medical historical subject can be chosen, but there should preferably be some connection with St. Thomas's or Guy's. An acceptable example would be "The Association of Guy's and St. Thomas's Hospitals with the Borough and its History".

Essays should be typed and of not more than 5,000 words. Three copies should be submitted to Mr. Jackson or Professor McColl. Publication will be encouraged.

The competition is open to everyone associated with St. Thomas's and Guy's Hospitals and Medical Schools. The closing date is 1st December 1986.

407 Art Club

The next 407 Art Club show will take place from Monday 15th to Friday 19th September on the 4th floor of Hunt's House. Dr. C. Kinder's oil paintings will be on show.

Boat Club News

I am sure that all your readers will welcome the news that the Boat Club has at last realised one of its greatest ambitions – its own Boat House. The decision to move from the University Boat House was not easy. It became necessary when we could not obtain sufficient racking space to accommodate our impressive fleet of boats, some of which were being stored outside and deteriorating fast. We were therefore exceptionally fortunate to be invited to join Tideway Scullers School in their brand new accommodation adjacent to Chiswick Bridge. The Medical School showed great generosity and foresight in making funds available for this venture which has secured our partnership with Tideway Scullers. The Scullers School is very anxious to help our oarsmen and club develop and perhaps attain some of those goals which eluded so many of us in the past.

An inaugural reception is to be held at 3pm on Saturday, 11th October at the new Boat House to celebrate the move. We have endeavoured to write to all past oarsmen to inform them to this function but realise that some may not receive their invitation. If any past member has not heard from us and would like to attend, could they write to Mr. Donald Bompas at the Medical School for an official invitation.

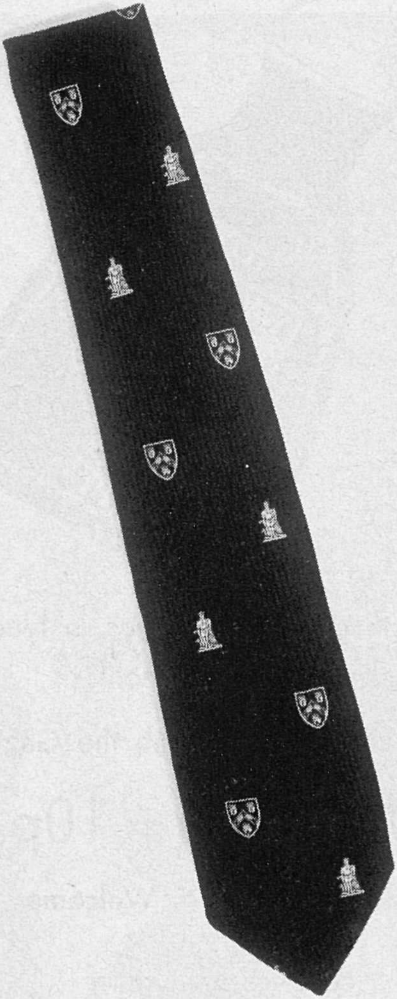
£2,000 for Ablation Research

On the 5th August Mr. and Mrs. Michael Harmer presented a cheque for £2,196.04 to the Director of Cardiology, Dr. E. Sowton, to further research into the electrical ablation technique. The presentation was in the Robens' Suite and was attended by Mr. M. Rendall, the Clinical Superintendent, Dr. C. Greatorex, Director of Clinical Physics, Mr. L. Lipson, from the Special Trustees, Sister Binns, from Wilks Ward and Dr. Holt and Dr. Boyd. Michael's successful treatment was a direct result of an intensive programme of research by Dr. P. Holt and Dr. E. Boyd from the Departments of Cardiology and Clinical Physics. The work was financially supported by the British Heart Foundation and other sources and benefited from the assistance of many of the specialist departments in the Hospital and Medical School.

The technique, first developed in 1982, allows the treatment of drug resistant tachy-arrhythmias without recourse to open heart surgery. In its conventional form potentially hazardous pressure pulses are generated. Dr. Holt and Dr. Boyd have, by using special electrodes, pioneered the successful use of only one tenth of the power. Following the latest research programme the energy has been reduced by a further factor of ten, virtually eliminating the pressure waves. Michael's condition was resistant to standard ablation techniques but responded to the new, safer method.

Having followed with interest the research here and seen many of the problems, particularly financial, Michael and his family wanted to help. Feeling well for the first time in twenty years, he returned to his previous love of cycling and organised a sponsored cycle ride from London to Brighton. This was previously impossible. He arrived one and a half hours ahead of the team support car driven by his wife! In addition Michael enlisted the support of many of our ex-patients, including Mr Charles Spurgeon, who all contributed generously to the grand total.

The size of the sum raised indicates the enthusiasm and hard work which the Harmer family and many others have put into this venture. It is very encouraging to us to receive this unsolicited "thank you" from our ex-patients. It is highly valued and the money will be used to obtain vital specialised equipment to allow continued investigation and refinement of the procedure.



U.M.D.S. Ties

The above photograph shows the design of the new United Medical and Dental School Ties available from the Clubs' Union Shop, price £3.50.

Guy's Hospital Key Rings

GUY'S
HOSPITAL

High quality key rings in blue
with gold motif

Available only through the Gazette

Cost 60p each (+ 10p p. & p.)

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

Obituary

Jimmy Goodliffe – outstanding Secretary to the Medical School

Leonard Harry Scott Goodliffe, known to his many friends as Jimmy, died on 4th July 1986 at the age of 80. It will be no surprise to the many people who remember him that he bore his last long illness with courage and composure, nor that Sybil and his family helped him magnificently right to the end.

Already a leading boy in the local choir in Croydon, he came to Guy's Hospital Medical School to work for Mr. Crouch at the age of 15. Almost immediately he joined the choir at St. Edmunds in Lombard Street, where the vicar the Reverend Studdart Kennedy, known as "Woodbine Willie", preached his fervent sermons. By the age of 23, he had become Senior Clerk in the Medical School and married Sybil whom he had met in his local church 10 years before. After his marriage, he worked for a while in the Putney Home for Incurables and at Kings College Hospital. He was asked to return to Guy's in 1933 and remained a loyal servant of this hospital until his retirement.

He was involved with the move to Sherwood Park in Tonbridge Wells in 1939 and while the Medical School was evacuated there, cycled to his home in Orpington, some 20 miles distance, at weekends. He also served as a private in the Home Guard.

Throughout his career, he was supported by his family. His wife ran the trolley service and his sister-in-law worked in the Dental Department. Both his daughters Jenny and Diana were born in Victoria Ward, christened in the Chapel and attended Christ's Hospital School, Hertford, at the encouragment of the Board of Governors. Jenny worked as a nursery nurse on Victoria Ward and Diana studied for her State Nursing Examinations at Guy's.

During his more senior years, he worked closely with Mr. Bill Cook and, in addition to caring for students at work, he took many of them home to his house in Orpington. He was especially kind to students from abroad, one of whom stayed for three months to learn English and to obtain his final degrees!

Towards the end of his career, he developed a very comprehensive appointments bureau and continued this work after his retirement in 1970 as a private service. He widened the scope of his work to advise students and young doctors from other medical schools. This service became quite famous and was an innovation recognised for its value in this country and abroad. During these arduous duties he also found time to manage the *Gazette* Office.

Dignity, kindliness and loyalty are words that most immediately come to mind in remembering Jimmy's long life at Guy's. He was masterly at gentle counselling, seeing all sides of career problems, but still leaving the individual with the credit of the final decision. Guy's was his life and this interest he shared with his family. Writing letters was a passion; he kept in constant touch with his Guy's "Family".

He moved to Bishop's Stortford in 1981 to be near to his daughter Jenny and in the last fifteen years of his life, he visited his daughter Diana in South Africa six times.

The occasion of his retirement and of the Biennial Dinner in 1970 will be remembered for the resounding and prolonged cheers.

M.A.B.
S.C.C.S.

Appreciation

Dr. Evan Osmond Leyshon Hoskins, T.D., M.B., Ch.B., F.R.C.P. (Edin.), F.R.C.R., D.M.R.D.

The retirement of Osmond Hoskins from the staff of Guy's Hospital Department of Radiology means the loss of a colleague with an unusually wide variety of interests and attachments. Born into a distinguished Welsh family, he was educated initially in Wales but studied medicine at the University of Edinburgh and later became a Member and then Fellow of the Edinburgh College of Physicians. Most of his working life has been spent in England. He qualifies therefore as a truly representative citizen of Great Britain and this has been underlined by his strong military links, first with the Cavalry and later with the Territorial Army.

When Osmond Hoskins joined the Department of Diagnostic Radiology at Guy's in 1966 he had already been a Consultant for seven years. He brought with him a wealth of practical and administrative experience and this was deployed both at Guy's and in building up the X-ray services at St. Olave's. At that time, Kenneth Maclean was transferring some of the sessions to St. Olave's and they formed a firm partnership, with Osmond

Hoskins regularly attending Kenneth Maclean's ward rounds. At that time Osmond was particularly interested in the then relatively new technique of double contrast barium enema and his effective development and advocacy of the method led to its adoption as a routine study in the Guy's District. For some time, however, anyone who wanted a "proper" enema would instinctively turn to him for his help.

The ability to see a need and to develop a corresponding service was evident throughout his career. As a result he became expert in the radiology of the middle and inner ear and his mastery of this difficult area has been appreciated for many years by his colleagues in the Ear, Nose and Throat Department. Next he recognised the value of mammography in the investigation of breast disease and persuaded his clinical colleagues to accept this technique which has become part of the routine investigations of patients with breast disease. Current developments in this field have confirmed his foresight in perceiving the importance of mammography, not only in patients with known breast masses but as a screening procedure.

His interests in the gastrointestinal tract led him to develop an expertise in the small bowel. At his urging the barium meal and follow-through was abandoned and a specific barium follow-through/small bowel enema list was introduced with a marked consequent improvement in the quality of small bowel studies. It may be difficult for the present generation of doctors, who take such techniques for granted, to appreciate the extent to which today's high standards are the result of patient development and persuasion: his colleagues, radiological and clinical, have indeed much for which to be grateful. Most recently he has made himself an expert in the CT diagnosis of disc disease. All these examples indicate why he has been referred to as a "heineken" among Radiologists, reaching the parts that his peers have difficulty in reaching. At the same time he has remained a sound general radiologist interested in all aspects of the specialty.

Osmond Hoskins is one of the most clubable of men and is a valued member of many Societies and Clubs. No account of his career would be complete without a mention of his interest in wine. This led not only to the acquisition of a good cellar and discriminating palate but to his serving on the Committee of Management of the Wine Society, an achievement shared by few other doctors. His latest distinction has been his election to the Presidency of the Section of Radiology of the Royal Society of Medicine, which he will take over in October of this year.

As his "official" career ends he is still involved in many activities in and around the hospital, and we look forward to his continued association with Guy's and its X-ray Department. At the same time he and his wife Phyl are settling into partial retirement in the land of his fathers. He plans to resume the equestrian activities started when he was a Medical Officer and Captain in the 4th/7th Royal Dragoon Guards. We hope his silhouette in the saddle will grace the countryside of Dyfed for many years to come.

H. M. S.

Obstetric Retrospect – A very personal recollection – Part 1

by Hujohn Ripman

In the beginning there was God, or nature, or evolution, whichever you prefer. The consequences of creation to me, almost always, seemed wonderful. At heart, I suppose, I was a naturalist, and I found it difficult to accept as meritorious routine interference in those most natural of events, pregnancy and childbirth. Of course, as an obstetrician, there was a place for observation to see that things did not go wrong, and a place for intervention when things were going or had gone wrong, but to presume that the Almighty or nature arranged things so badly that one should routinely intervene, was, to my way of thinking, presumptuous. There are those who are infinitely presumptuous, and believe that they can do things better than God. For my part, I could only justify routine intervention if I could explain the need for it by reference to the folly of man, his erroneous customs, or what he refers to as civilisation. But to say quite straight, "God or biology or nature has got it wrong, I will do better by this or that regular routine intervention", that I found it difficult to stomach. For me without the wonder of the natural order of things, obstetrics would have no charm, would have been a hard and tedious grind. Fortunately I never ceased to wonder. The birth of a baby remained a miracle to me and the more normal the obstetrics, the greater the miracle. Right up to the very end, when a baby was born, whatever the hour of the day or night, in my own world, the sun shone and the birds sang. I was, I am afraid never able to accept that a patient in my care should have a routine injection of ecbolic drug as the head crowned or the shoulder was born. If that were necessary, I felt women would have been born with pouches like kangaroos and therein nature would have placed a store of 2 ml. syringes, needles and Syntometrine ampoules. Unlike us, I doubt if she would have forgotten the file to open the ampoule!

And after God, quite a long time after God, came my father; a man of infinite warmth and great compassion. He once said to me, when I passed an adverse comment on a patient that he and I shared, "Dearest boy, never forget that anyone can be a kind, generous and charming counsellor to the attractive and blessed people in this world, but when you can be that same understanding, compassionate, warmly relating friend to unattractive, gauche, aggressive, unblessed people, then you will have achieved something." How right he was; how sad I am that I have so often failed to live up to his standards. His practice and his family were his life, and until the moment he died at the age of 98, he considered himself to be the luckiest of men, having known so much happiness. To say that he put his practice before his family might suggest that his family suffered by neglect; that was not so. His family profited from his example. He was in single handed private practice (it was before the National Health Service and he had no panel patients) and he took two weeks holiday a year. For the remaining fifty weeks he was never unavailable. His recreation was a visit to the Classic Cinema in Baker Street on Saturday afternoons, and while he was there he was available via Alice, the parlourmaid, (who knew the cinema's telephone number;) and the box office, (who knew his row and seat number.) His example was a very great help to me when I started in private obstetric practice. He also taught me to be punctual. He was never, ever, late. As his habit was to take his patients to the specialists, so he attended their operations. Operating time in London nursing homes in those days was 8 or 8.30 a.m. He selected the surgeon always and sometimes even the anaesthetist. If a surgeon was late for the operation, he got a warning. If he was late a second time, he did not get the yellow card, he got the sack. My father would find some other surgeon in that specialty, from then on. This utter punctuality of my father was well known throughout London consultant circles. One day an E.N.T. surgeon and an anaesthetist thought they would pull the old man's leg. He arrived in the operating theatre suite at the top of the London clinic with the usual five minutes to spare before operating time, to find the anaesthetist and the surgeon scrubbed up and waiting for him and the clock pointing to five minutes past the hour. Sadly for the surgeon and the anaesthetist they could not get their full measure of amusement out of my father's embarrassment. He was so utterly confounded that they thought he would have a stroke and they had to admit their prank before any real harm was done. At Guy's I used to hustle up the steps at what I considered to be a good and early hour, only for the head porter "Lofty", who had been there thirty years before, to say to me, "That's no good, sir – your dad would have been leaving by now."

It would bore you to tears if I were to recount all his other virtues and all that I should have learnt from him and his example, but failed to do, but I must record this. He had an infinite capacity for being looked after in the home. To the best of my knowledge he never turned his hand to a household chore of any sort. I don't think he made a cup of tea in his life, and I am certain he never moved a finger in any direction in the kitchen. I inherited his incapacity.

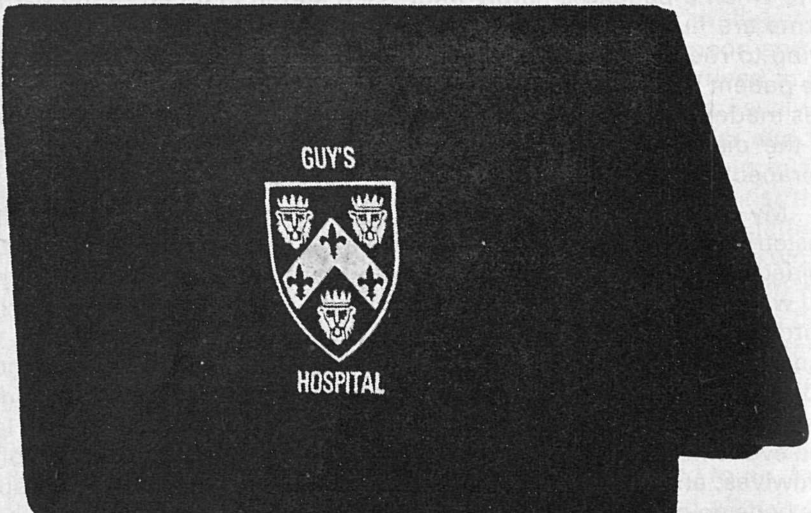
Then came Arthur Hurst and John Ryle. Hurst was my father's great friend, and to Arthur my father was, at various times, flat mate, registrar and best man. Furthermore, my father was one of the team of doctors who worked with Hurst at the Seal Hayne Clinic so sucessfully understanding and treating shell-shock. He was a real genius, appointed to the Guy's Consultant staff at the age of 28. He made almost countless original contributions to medicine, and he was a man of enormous enthusiasm and boundless imagination for the solution of difficult problems. Sadly none of his genius rubbed off on me, but some of his enthusiasm did, as it was bound to do. John Ryle, holder of professorial chairs at different times at both Oxford and Cambridge, had been a student of my father when my father was a registrar. They had a high regard for each other and I had the great good fortune to be at the right place at the right time, and for the best part of a year, fall under Ryle's wing. He was a man who took infinite pains and wrote amongst other works a wonderful book entitled *The Natural History of Disease*. You will realise from that title that he was a student of nature. He believed in the very great importance of taking a meticulous history. During the latter part of the blitz, when Guy's was in small part used for civilian sick, all under the care of John Ryle, I spent five or six evenings a week, accompanied only by his House Physician, listening to him patiently but obsessionally eliciting the details of his patients' symptoms. When the history was taken and a thorough, but seemingly less lengthy, examination made, Ryle would expect to have the diagnosis whittled down to two or three possibilities. He would then select the one investigation that would enable him to define which of the two or three possibilites was the correct one. What a lesson! How different from these days when a patient is hardly undressed and in bed before the pathology forms are fluttering down the corridors to the laboratories, like starlings flying to roost. It was Ryle who helped me to realise that, given a chance, the patient would very often tell you the diagnosis before the examination was made; and he above all taught me that if you knew the natural history of the disease you had diagnosed, it could be there was no need for therapeutic intervention.

My introduction to obstetrics came during the war, when I did my obstetric and gynaecological studentship at Pembury in Kent. There I was guided by a wonderful old midwife (and by old I mean about 40, which is old when you are only 20) – who lit my way to the happiness of the labour ward and childbirth. She was one of those really warm motherly, totally dedicated midwives, who had endless patience, both with her labouring ladies and with us, her immature medical students. From that midwife I learnt for the first time a little bit about keeping women company in labour, and ever since, I have continued to learn that art from a succession of other midwives; and I hope I have passed it on to a few. I think my hours spent at the bedside of women in labour have been both the most anxious and the most rewarding in my life. It was my ambition to know all about labour, and I never did, and now it is too late; but to have an ambition that you will cultivate the capacity to console women in labour, and that no woman in labour under your care shall ever lose her poise, her cool, her self respect, was not a bad ambition, and so it was a star to which I hooked my wagon very early on.

I qualified in London as the blitz was petering out and before the doodle bugs had started. I had already spent three months in Front Surgery and then a job came on offer for housesurgeon to Mr. Slesinger ("Slekky" whose registrar was Sam Wass) and Resident Obstetrician. It was the best of the housesurgeon jobs, so I thought I had better take on the Obstetrics and Gynaecology as well, just to get the best appointment. It was a whale of an appointment. For nine months I was the only obstetric housesurgeon; true there were only about twenty beds but there were half a dozen or so gynaecological beds and about a dozen general surgical beds. Besides attending surgical outpatients, gynaecological outpatients, surgical operating lists and gynaecologocial operating lists, I had to see every obstetric case on admission and to attend every delivery. Discharge letters were written by hand and through carbon papers, in triplicate. The time off was three hours on Sunday if I could persuade some colleague to look after my

Guy's Hospital

Credit Card Holders



High quality holders in blue
with gold motif

Available only through the Gazette

Cost 60p each (+ 10p p. & p.)

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

obstetric commitments. I averaged thee hours sleep a night for nine months. I would often wake up in the night on the floor thinking the telephone had rung when it hadn't, or I would be called, shaken by the porter's hand on my shoulder, having answered the telephone when it had rung, but fallen asleep with the instrument on my face. At the end of that time I looked thoroughly tuberculous, but it did me a great deal of good. I spent hours in the labour wards pushing with patients, and I learnt the value of sleep. I learnt how to tell a good midwife from a bad midwife; and I learnt a great deal from both.

When I got back from the war I wanted to return to Hospital Medicine. The only really strong strings that I could pull at Guy's related to the one general surgeon and his registrar, and the four obstetricians and gynaecologists for whom I had worked before going away. I was advised to apply for a registrarship in obstetrics and gynaecology. This I did, and thus I became what I became.

The four wonderful men for whom I worked were Arthur James McNair, Frank Cook, Fred Gibberd and John Blaikley. McNair had gained immense obstetric experience in the days of long and difficult labours and operative obstetric conjuring tricks. A substantial part of the Guy's obstetric responsibility lay in what was known as "The District", where labouring mothers were attended by students ("externs") supported by midwives and obstetric junior staff, all on bicycles. Mac one day was called to a small dwelling in the borough of Bermondsey where a woman was bleeding in early labour – quite heavily. He diagnosed placenta praevia and, of the various choices before him, elected to insert an intra-uterine bag. (Voorhee's bag was in the shape of an inverted cone, and after insertion in the uterus, was filled with air or water, I forget which; traction was put on it and it compressed the placenta against the lower segment and supposedly stopped the bleeding.) Unfortunately when he came to perform this manoeuvre he found that the bag had a hole in it. Not to be defeated, he went back to his bicycle, took out the puncture apparatus, mended the bag, inserted it, and saved the lady's life. He was a dour although most lovable Scot. I once asked him to come in at night to help me out with a difficult obstetric occasion. He arrived, he got me out of my obstetric problem and he disappeared again, all without saying a word. Even for a man of a few words as he was, I thought his total silence a little odd. Next day he explained; he was sorry for being uncommunicative but he had forgotten his teeth.

Frank Cook was a gay, debonair chap, even in his 60's; a great man for a party and reputedly, with Charles Read, one of the two best Wertheim hysterectomists in the country. I remember him telling me that although doctors might chose one to care for their wives, they quite frequently sent their richer paying patients elsewhere. I learnt to confirm that. Fred Gibberd was anything but debonair; he was frankly untidy. He was always accompanied by his pipe, and it was well known that if anybody smelt burning they didn't ring the fire alarm, they asked Fred where he had put his pipe. He would feel in his pockets, in his mackintosh and in his hat, find it and put out the fire. He was truly wonderful and extremely conservative obstetrician, a man of absolute honesty and extreme simplicity. His teaching rounds were packed. His obstetric conduct became the standard against which his multitude of junior staff at Guy's and Charlotte's measured their intentions and their performance for the rest of their obstetric lives. When judging whether one's intervention was truly in the patient's interest or possibly in one's own, because of obstetrician's distress, one would say to oneself in one's mind, "what would Fred Gibberd have done under these circumstances?" and if one was convinced that Fred would have done as one intended, then one was doing the right and honest thing. For many years he was the obstetrician in charge of the Septic Wing at Queen Charlotte's. In the 20s, 30s and 40s postpartum sepsis constituted an enormous problem. Fred Gibberd and the Colbrooks added more to the understanding of the problem of intrapartum and postpartum sepsis than anyone since Semmelweiss. Some of this interest and understanding was passed on to me and in my M.R.C.O.G. viva I was asked for my comments on a temperature chart. The date of the delivery was defined, and the puerperal temperatures were revealed to me a day at a time. I postulated the rigors and the sweats, diagnosed the organism correctly (an anaerobic Streptococcus) and even forecast the phlegmasia alba dolens that duly developed. "Well done," said the examiner, "you must have seen a lot of sepsis at your hospital."

John Blaikley was a shy and sensitive man; on the staff also of the Chelsea Hospital for Women, to which he had been originally appointed Clinical Assistant. In those days that appointment carried the duties of Hospital Pathologist, and John's opinion on gynaecological microscopy was sought on both sides of the Atlantic. I just wish that I had been able to gather from him some of that know-how. He was a good operative obstetrician and no mean gynaecological operator particularly *per vaginam*, but he was almost always late and amongst the many many things I learnt from him was the tedium of other people's lack of punctuality; I came to know him very well, and love him dearly; he was a very good friend to me.

From this quartet I received instruction, patience, understanding, loyalty and even affection, but above all I am grateful to them for their example of absolute honesty, absolute integrity. Obstetrics particularly lends itself to charlatanry and self-deception, and never more than in those days of long and anxious labours. It would have been so much easier at 6.00 p.m. on the second day of a labour, with the prospect before one of another anxious night spent monitoring by stethoscope and hand the course of the labour and the welfare of the foetus, to intervene even if unconvinced that intervention was necessary, to define the foetal hazard as greater than it was, to do a Caesarian Section and be home for dinner, even to convince oneself coming out of the theatre, pulling down one's mask, pulling off one's gloves, and declaring in front of an anxious husband "another five minutes and we might have lost it."

to be continued . . .

Old Age Musicals

by R. R. Lewis

Within one glorious week, three pianists recently held London audiences spellbound. This may not at first seem too surprising as London is at the centre of the musical world, but the extraordinary part is that the performers' collective age was 259 years.

On Sunday June 11th, Vladimir Horowitz (82 years) appeared at the Festival Hall, fresh from triumphs in Russia after 61 years of self-inflicted exile. For half a century he has been heralded as a super-virtuoso. But with time, musicianship has overpowered the technique. Records barely capture his full range of tone. In a hushed hall, glistening pianissimo runs were played at a whisper, while fortissimo passages were pulled out with boldness and power. Absolutely no concessions needed to be given to age. One feature of a Horowitz concert is his showmanship. Liszt was the first real "showman" of the piano and he in turn had seen how the great violinist Paginini would excite an audience to a state of near-frenzy, sometimes deliberately breaking three of his four violin strings during a performance to show what could be accomplished with only one string; Horowitz is rather more discreet than that, but cleverly uses its effect to the full. Altogether, a revelation.

The dust had hardly settled when two days later the Chilean master, Claudio Arrau (83 years), came to the same hall with a group of Beethoven sonatas that would severely test all but the very best (Op. 10 No. 3, the Appassionata, Les Adieux and the Waldstein). This was a completely different affair. Again no concession was given to age and virtuosity abounded, but expressed now in a subdued, contemplative manner. There was no showmanship, no daring manipulation of tempi; instead, as always, the score was faithfully reproduced with rare understanding. Arrau remains one of the finest Beethoven interpreters ever.

Already there had been almost too much to absorb but excitement continued to mount, for the third recital involved a real legend of the past. On June 15th Meiczyslaw Horszowski aged 94 returned to the Wigmore Hall, *80 years after his first recital at the same hall as a young boy of 14.* Now the least known of the week's trio, nevertheless on the night a long queue eagerly awaited returned tickets. Horszowski is the last pupil of the famous teacher Leschetizky still to be performing (other pupils included Schnabel, Paderewski, and Benno Moiseiwitsch); his playing career has spanned the whole of this century and at such an advanced age he could be excused needing a little time to warm up. But warm up he did, and a particularly memorable second half was concluded with dazzling brilliance in Chopin's *Bolero*, the piece that had ended his programme 80 years earlier.

One may expect a performer's interpretation to grow in stature with age, but what defies belief is the astonishing technical ability these pianists still possess. Other elderly statesmen of the keyboard such as Vlado Perlemuter, Stefan Askenase and Louis Kentner (all octogenarians), have also maintained the highest standards and are still enthralling London audiences. One hesitates to mention Shura Cherkassky and Jeorge Bolet, two other elderly wizards, for both are only in their early 70s and hopefully have another 20 years to go. Perhaps the greatest "grand old man of the ivories" in modern times was the much loved Arthur Rubinstein, alas no longer with us. A child prodigy, giving a recital in Warsaw when 7 years old (1894), he continued performing with undiminished warmth and artistry until he was over 90. His stamina was exceptional and even at the end of his career he made light of playing three concerti in one programme. It was only failing eyesight that then forced an early retirement.

Until the last few decades, top keyboard artists have also often been amongst the top composers of their day. There is a tendency to think musicians before this century generally had a short lifespan, denying the world many great works. Mozart, Chopin, Schubert and Mendelssohn spring to mind, all dying in their 30s. However, this was not the rule and many past masters reached a ripe age. Handel, Haydn, Clementi and Liszt, for example, continued well into their 70s and at 80 Verdi composed his famous opera *Falstaff*. Bach was nearly up there with them but after withstanding the strain of fathering 20 children he went under at 65. The violinist trade also received a prolonged boost from Stradivari, who was around for the odd 93 years (1644–1737).

One could be forgiven, therefore, wondering if musical involvement might be considered as a prescription for "longevity with preserved function". There is of course no guarantee. But, before rushing to the nearest instrument, it is important to choose with care, not many 80-year olds have lungs enough for the trumpet!

Operations of a Different Nature

by Kate Godber (a Guy's physiotherapist, qualified July 1985)

One weekend last June I set off with a full rucksack to Rochester, Kent. My destination was a six-figure number on an ordinance survey map and that was where my knowledge of the next forty-eight hours ended. The occasion was a selection weekend for Operation Raleigh, where they aim to make you as tired, wet and hungry as they possibly can – all to find out if you are the material they are looking for for the expedition.

Operation Raleigh is an organisation set up to enable young people from many nations to participate in community, scientific and explorative projects worldwide over four years. It is a unique experience designed to benefit the attitudes and skills of those involved for the rest of their lives. It is the largest project of its kind ever attempted and in order to go, each participant has to raise £2,000 (any donations gratefully accepted!), as Operation Raleigh is a registered charity and relies entirely upon public funding. To go on the expedition you have to fill in an application form, available from the T.S.B., raise your sponsorship money, get through an interview and survive a selection weekend.

The weekend that I went on consisted of swimming through lakes, walking/running with our packs, putting up tents only to have to take them down again; initiative tests, for example, changing wheels, making fires, skinning and cooking rabbits, making camps out of branches and then not being allowed to sleep. Then there were assault courses, map reading and even a session of army "physical jerks". It all sounds fun . . . No? . . . Well, actually it was.

At the end of the weekend the selectors sit down and discuss each of the forty applicants, who they know pretty well by now. They are not looking for the person who came first or did everything correctly but the person who looked after his team, had a sense of humour and most of all someone they could bear to spend three months in close proximity with!

In May I am off to Tonga, Fiji, New Zealand and Australia for the trip of a lifetime aboard a brigantine.

Research at Guy's

Research in the Pharmacology Department

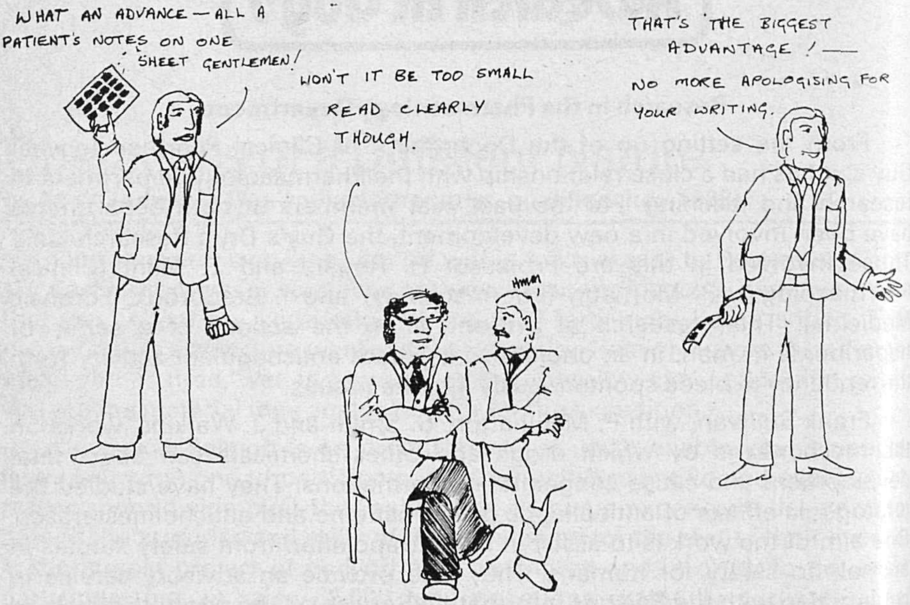
From the setting up of the Department of Clinical Pharmacology at Guy's, it has had a close relationship with the Pharmacology Department in research and teaching. For the past year members of both departments have been involved in a new development, the Guy's Drug Research Unit. Those involved in this are Professor H. Rogers and T. Mant (Clinical Pharmacology), P. Morrison (Pharmacology) and I. Bradbrook (Forensic Medicine). Their research at present is on the actions of a series of heparinoids in man, in an attempt to separate anticoagulant activity from the tendency to bleed spontaneously into the tissues.

Frank Sullivan, with P. McElhatton, S. Smith and J. Watkins, works on the mechanisms by which drugs and other chemicals can affect fetal development and cause congenital malformations. They have studied the teratogenic effects of antiepileptic drugs, caffeine and anticholinesterases. One aim of the work is to assist in the extrapolation from safety studies in animals to safety for humans. They also provide an advisory service in conjunction with the Poisons Information Service on the possible effects of drug and chemical exposure and overdose during pregnancy.

Bryan V. Robinson has a long-standing interest in research into the inflammatory reaction, the way in which the body controls this process and how it is modified by drugs. Over recent years he has concentrated on the way in which drugs affect the behaviour of leucocytes, and the factors which modify lymphocyte distribution in the body. Recently he has also been investigating the factors which affect penetration of drugs into tissue compartments of the body. Interest has focused paticularly on penetration of drugs (labelled with tritium or carbon-14) into the fetus, into milk and into bile, and experimental techniques have been devised to investigate the mechanisms involved.

Frank House is concerned with the design and analysis of clinical trials. He has a special interest in the computational aspects of non-linear curve fitting, including applications to pharmacokinetics, and in generalised linear models, with possible extension to multivariate problems. Most of Frank House's research time is actually taken up with providing statistical and computing assistance in the School.

R. G. Spector
Professor of Pharmacology


WHAT AN ADVANCE — ALL A PATIENT'S NOTES ON ONE SHEET GENTLEMEN!
WON'T IT BE TOO SMALL READ CLEARLY THOUGH.
Hmm
THAT'S THE BIGGEST ADVANTAGE! — NO MORE APOLOGISING FOR YOUR WRITING.

Cartoon by Bob Long

Anatomy – Analysis and Synthesis
Part 1

by Roger Warwick

This article was a lecture given at "The Seventh European Anatomical Congress" in Innsbruck, Austria, 1984. It was published in Acta anatomica *(1986)* ***126****, 136–140.*

Abstract. *Scientific knowledge is a continuum, and anatomy is a part of this subject to the same methods, principles, and the need of synthesis, both within anatomy and with other syntheses. Western science is the spearhead of human progress in understanding the universe around us and the world of Earth, from which we cannot escape. Science may also, in its power of synthesis, bring together not only those who practise it but also unite the nations. Excellent as are the applications of science in technology, knowledge has its own value in producing a synthesis of human awareness – and also it may prevent us from ruining the Earth, which is our only possible home.*

Mr. President, fellow Europeans and other friends, as an older man than most of you, I trust that you will allow me a few words of introduction. I am a convinced European, but without, I hope, the kind of narrow belief which, before our fellow European Copernicus, put Earth at the centre of the Universe. Europe is not, perhaps, the centre of our world. Nevertheless, for the last 2000 years, the most fertile period in human history, we Europeans have spread to all continents; our languages are everywhere; our scientific and technical culture now prevails worldwide. Moreover, our science has become more widely international than any other kind of human endeavour – except where it is frustrated or corrupted by national, political and commercial aims. It is the spearhead of a unification or synthesis of nations which could enlighten our uncertain future. And synthesis, at all levels, is the main theme in the particular matters to which I must now turn.

As a word "anatomy" has many meanings, but all imply structure, extended in our three-dimensional universe, in space, as we say. But such a definition separates space from time, and without time nothing exists. Even the briefest atomic events occupy some time. Their pattern, their structure change in time; they function. It is tempting to say "they live". Indeed, current knowledge of basic physicochemical events in biological systems blurs the distinctions between the organic and inorganic. Reproduction may be a distinction; but in a cosmos oscillating between big bangs and black holes, with its colliding stars and galaxies, where the annihilation of subatomic particles gives birth to energy, such a distinction becomes most indistinct.

Thus, in all activities, great or small, space and time are occupied. And space is a word on everyone's lips these days. Of course, mankind has walked the dusty Moon; so-called 'space probes' have reached the limits of our solar system: one of the 'Mariner' series, after a journey of about 10 years, has now left planet Pluto behind. However, even if rightly aimed, it will not reach the nearest star for about 100,000 years: imagine the communication problems at 4 light or radio years in each direction! Anyway, no conceivable transmitter could span even such a small step in our galaxy. Such a "space vehicle", launched from Earth at its supposed beginning, some 4500 million years ago, would even now be scarcely halfway to the edge of our own galaxy. A "trip" to the "nearby" Andromeda galaxy would require at least 20 times as long a period! So much for "intergalactic" travel, and what we glibly call "the conquest of space". All but a few bits of our "space" machinery, the few flung at the planets of our little Solar System, occupy a juxtaterrestrial zone like the skin of an orange.

I make this diversion not to belittle the magnificent efforts of scientists and engineers, whom I respect as an élite, but to bring some perspective into matters. Contemplation of the larger scene, synthesising rather than analysing a general field of knowledge, is always a valuable exercise. It is not merely discovery of new knowledge which distinguishes our species; it is the ability to construct new concepts, which in their turn engender further exploration. It is this insatiable curiosity, which has raised us from the status of the social ape, through mastery of fire and stone and metal, to become the World's supreme technicians, and philosophers. Each new technique opens new routes to further analysis of our world, and should also lead to new syntheses of knowledge.

"Analysis" is my second word. It resembles anatomy: by the latter we "cut" apart, by the former we "dissolve apart". The separation, the dissection, the analysis is, of course, the primary path to understanding. Throughout a long history of technical advance, with increasingly accurate tools for observation and measurement, analysis has led to recognition of smaller and smaller parts. The solid atoms of Dalton and Avogadro have become the minute solar systems of Rutherford and Bohr, Thomson and Chadwick. Their particles, electron, proton and neutron etc., have been shown by the Braggs, Dirac, Schrödinger and other to behave like mere undulant patterns in the impalpable medium which we call "space", the ether. These great achievements of human genius have inevitably led to applications, especially in the field of energy. Coal and fire gave us steam engines and then turbines, oil and gas another generation of reciprocating engines. The electrical generator has emancipated the distribution of power, leading on to electronics and a vast expansion in communication by radio and television, and great powers of propagandisation!

Like some of you, I do not wholly welcome this great explosion of technique and power. We might be safer, even happier with less. But if we could ever have slowed down the human lust for power, curiosity alone would have persistently discovered new means to achieve it. Moreover, scientific progress itself, if not applied, may be slowed by failure to attract adequate monetary support. The history of atomic physics, with its partly regrettable consequences, is a supreme example of this dilemma, a dilemma from which only wisdom and compassion may yet extract us.

These words are not a plea to muzzle science. There has always been a great human yearning to understand our universe, perhaps most developed in the sciences, which, unlike abstract philosophy and the arts, are closely confined to measurable and ascertainable things.

A famous painting by Raphael, in the Vatican, depicts philosophers of the ancient world: centrally are Plato and Aristotle. Plato points heavenwards, Aristotle to our earth. And here I must turn away from the immeasurables of ethics and politics, morality and faith, which shelter under the general Platonic umbrella, from which psychology, sociology, economics and so forth are beginning to emerge into the glaring logic of our day. Nor can the ultimate reasons, the origin, the end, and final meaning, concern us here. One may ask if these are even valid questions.

Instead, I turn with Aristotle to Mother Earth and the process of life evolved here from some kind of primaeval consommé! With the myriad other forms of life thus derived we naturally have in common much basic chemistry and physics. Resemblances of larger scale must have appeared long ago to an animal like Man, who butchered his prey, has developed burial rites – and thinks. Knowledge of human structure inevitably accumulated, though analysis of function has always been the slower. Even before the keeping of any records, this progress – often despite the prejudices of magic and religion against true biological knowledge – must have demanded names for newly discovered things. And to recognise and name things is to begin analysis, the decisive step. But in this lurks a danger: in the proliferation of discoveries effective synthesis of observations has been rare. Yet the desire to assemble apparently disconnected data into general concepts has always existed. Hence the tattered trail of hypotheses and speculations, often metaphysical and irrational, which have attempted to keep pace with an accelerating torrent of observations in the emerging sciences.

During the 17th to 19th centuries a series of brilliant minds in Europe gradually dispersed the general field of science into the supposedly separate branches of our day. To confine these events to our own science, Anatomy, the study of structure, has divided into applied, medical, surgical, forensic, and comparative anatomy, etc., into anthropology. histology, cytology, embryology, and so on; and the trend to division is far from spent, for we now also have radiological anatomy and tomography, ultrastructure, kinesiology, and even smaller subdivisions.

This increasing specialisation is partly the unavoidable consequence of great accumulations of data, made possible by increasingly intricate and costly techniques. But it can be a disadvantage. Advances in most fields usually require concentration within a severely narrowed scope of observation and experiment; but this may lead to overspecialisation. Moreover, there is at first little regard for ethical consequences of some of our more potent advances, current examples being nuclear power, genetic engineering, artificial insemination, and the veritable explosion of electronic aids (or "computers"). All these, in themselves great achievements, have invaded a world little prepared for their effects; and these are by no means entirely benevolent.

To slow down such advances might sometimes be of general advantage, but at the cost of stultifying the disinterested desire of some scientists to push their analysis of Nature to the utmost. Yet even academic

Guy's Hospital Gazette

English Pewter Goblets, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed. ***Cost £15.00***

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Goblets at £15 each (+ 50p p. & p.)

I enclose a remittance of £.................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

science, without thought of profitable application, has its own dangers. In this 20th century competition for a career often condemns younger minds, sometimes already narrowly based in their preliminary education, to an almost exclusive dedication to a single "line" of research. This is epitomised in the "PhD project". Success in this and subsequent publications is almost the only road to promotion, economic advantage, and perhaps fame.

This prompts a question: What is the aim of this worldwide flood of specialised anaylsis? Is it merely personal advancement? Well, of course, it is in art, and sometimes little more. Or is it to provide something new and good for humanity? Rarely, I fear, is this the primary aim. Correlation between benevolence and intelligence is uncertain. In any case, researchers are not all naively unaware that their discoveries may have uses, even commercially successful uses. To the credit of scientists it must be asserted that the most succesful are usually activated by curiosity: the need to know what things are and how they work, a desire at it best unconcerned with personal gain or profit in application, good or bad in its effects.

Perhaps when Henry Ford said: "History is bunk," he was thinking narrowly of its preoccupation with despots, dictators, dynasties, revolutionaries and reformers. (A wiser man, Churchill, said: "The farther you can look back, the farther you can look forwards!") But history, on the grandest scale, is perhaps more deeply directed by the growth of knowledge and its application in new techniques, even though technical advances have not always been to the advantage of mankind. Indeed, the history of science also shows this variable face. Perhaps I should not wave the name of Nobel at you, though I believe that we should remember the source of those desirable prizes. I sometimes wonder what Faraday and Watt, Ohm and Hertz, Ampère and Coulomb, Marconi, Baird and Zworykin, and all the other great innovators would make of our present electronic environment, in which even our children prattle of so-called computers and are ever-ready to press little buttons for every imagined need and self-indulgence.

But to discuss the ethics of technical progress will lead us into a morass of mere opinion and away from my main theme, which is the need for synthesis if analysis is to have any value. And I must justify this contention.

Firstly, at the personal level, we all hope to find fields of endeavour, which may prove interesting and productive, and thus a source of pleasure, happiness, and perhaps also profit. But if any field is pursued to exclusion, this may not only debar us from pleasure in others, but also delay the cross-fertilising effects of knowledge in parallel fields. Most of us have preferences, finding some arenas of human activity interesting, others boring. But this is due largely to our own limitations; interest is intrinsic in most things, everything "scientific" anyway!

You may ask: 'What of the Arts?" The word "art" has no special magic. In Latin it means work, and is allied to such words as "artisan" and "artificer", and also to "artefact" and "artifice"! Being beyond real analysis (except in the pontifications of art critics), the arts are currently outside techniques of measurement, except perhaps music, which is amenable basically to physics and mathematics. Music has indeed, attracted many eminent scientists, such as von Helmholtz, Sir James Jeans and Albert Einstein. Such men exemplify the frequency of polymathic individuals among scientists, a phenomenon much rarer amongst artists.

Great syntheses of knowledge, though often linked with a central figure, do not arrive unheralded. The great names which punctuate the progress of science are almost always at the apex of a pyramid of effort.

No science is older than astronomy, except perhaps mathematics. Some regard mathematics as a technique; it has certainly contributed much to astronomy, especially as it drew away from the superstitions of astrology. Nowadays, of course, we revere the names of Copernicus, Kepler, Galileo and Newton, whose great discoveries in the 16th and 17th centuries are still the basis not only of our astronomy but also of our scientific method. But Copernicus, in banishing Earth from the centre of things, was anticipated by the speculations of Aristarchus by almost 2000 years. Though he ousted the long-lived geocentricity of Ptolemy (which was most acceptable to the Christian belief in Creation), he clung to Ptolemy's circular planetary orbits. Such orbits also appealed, for idealistic reasons, to a Plato dominated by the abstract mathematics of "perfect" geometrical shapes. And Plato was the favourite of the early Christian Church. It is sad to recall that Copernicus, in the face of such blind prejudice, recanted to save his life, whereas his follower, Bruno, made a fiery candle for the pontifical prejudice of Rome. Kepler improved the orbits of Copernicus into ellipses, and his mathematical analyses led to the gravitational mechanics of Newton. Telescopes began to appear, enabling Galileo to confirm the views of Copernicus, and Newton to focus his studies of the spectrum towards the stars. Spectroscopy, especially when photography became available, was turned by Wollaston, von Fraunhofer, Kirchoff and Bunsen into a most powerful technique for identifying elements, even in distant stars and galaxies. Mathematics continued in synthesis with Astronomy: Halley thus explained the paths of comets, Bode predicted the discovery of the minor planets, Adams and Le Verrier calculated the existence of Pluto from perturbations of Neptune's orbit. In the meantime the large telescopes of Herschel, the Earl of Rosse, and Messier were enlarging man's view of his universe. (Messier's catalogue included nebulae and galaxies; he gave the number M31 to the galaxy in Andromeda, and resolved this famous object into actual stars.)

So the story goes on, into the age of receding galaxies, relativity and radioastronomy, with an ever-increasing synthesis between stellar chemistry and physics, whose data are now derived by use of all forms of radiation, from cosmic to radio waves.

to be continued . . .

"Dentistry – An Alternative Philosophy"

by Doug Young
Reviewed by Wendy Harris

On Friday 15th May we made our way over to the Tower Thistle Hotel to attend a seminar given by Mr. Doug Young entitled "Dentistry an alternative philosophy". The day was hosted by Claudius Ash, whose Chairman Mr. John Davis had kindly invited us.

On arrival we were greeted by Mr. John Davis, given some refreshments and then led into the seminar room together with about 70 other members of the Dental Profession. Mr. Doug Young, a business consultant from Colorado then proceeded to give us a fascinating talk about the changing dental scene and the need to have a committed and effective team within the practice, to establish greater patient involvement and to obtain greater personal satisfaction from the work.

He began by suggesting that at the present time we are in an era of rapidly accelerating change – the 'pivot period' – in which it is necessary for us to clarify our own philosophy about life to the extent in which Bob Berkley, a preventive dentist, suggested that we should write this out and at intervals rewrite this as each ideal is attained.

He also put forward the idea that the desire for quality is becoming so important that people are looking for it as a means of permanency in this time of change. He related this directly to dentistry in that now more than ever the quality of life is becoming increasingly important as people are generally having an increasing awareness of their health.

He emphasised the importance of the dentist being 'fully present' with the patient and introduced the idea of a health orientated philosophy of practice in which dentists and the public should correlate dentistry and general health and in which the patients should be encouraged to have an independent relationship with the dentist i.e. share the responsibility for their health.

To effect the changes required for a business to form and expand he quoted John Nesbit's four essential steps:–

1. To risk change at the first opportunity rather than being forced to make changes at a time when one is least prepared for it.
2. Making evolutionary rather than revolutionary changes i.e. achievement of goals by means of a series of changes.
3. The acceptance of confusion i.e. to debate is a positive reaction and not a negative one.
4. The need for flexibility.

He stressed the importance of team involvement within the practice to make the business work and put forward the idea of the dentist being a manager who nurtures and develops human potential within the team, working more on the philosophy of the practice as a team.

He also emphasised that confidence and an increase in our self-esteem is important for our own physical and mental well being and that this is readily conveyed to the patient. As far as the patient is concerned the four most important aspects of their dental treatment are (i) safety, (ii) 'personalisation', (iii) trust (iv) time. To achieve these the dentist needs to spend much time with the patient to institute a positive relationship. It is considered better to take separate time in a place other than the dental surgery room to discuss their general and dental health and to give them an understanding of their options. Some practices in Canada and the United States employ a communicator or coordinator, who is not a dentist, to enhance the 'personalisation' idea as patients often feel they cannot communicate well with a professional person because they may appear ignorant. This idea seems to work very well.

Doug Young quoted Peter Sange's idea of a metanoic organisation which emphasises the alignment of the practice i.e. the importance of employing people within the team with similar ideals and sense of commitment so that patients are able to communicate readily with all members of the team. When effecting behavioural changes in the patients the most effective factors are self-discovery and waiting until the patient is ready for treatment. Often it is all too easy for the dentists to crush rather than nurture the patients by inflicting his ideals upon them and expecting immediate compliance.

He concluded with a summary of the days events inviting us to ask him questions and gave out his address for anyone requiring further information.

I was impressed by the way in which he spoke, with such clarity and enthusiasm, which made listening to him very entertaining. I felt he gave us much food for thought and although he suggested we should change and adapt our ideas to the present ever-changing situation in dentistry, he was sufficiently realistic to accept that although some element of risk and going outside our 'comfort zone' is often needed, revolutionary changes in our way of life could prove disastrous.

I also thought it was important that he stressed the quality of life and the self-fulfilment which could be attained from dentistry and that quality of work, good patient relationship and well being were greater investments for the future than a wage packet for another nine-to-five job.

I felt that the whole day was most beneficial in terms of working out our own philosophy and ideals, rather than just letting events drift along, and doing our best to achieve them.

Similarly in this era, when there is much media coverage of "cowboy dentists" and restorations unnecessarily placed it is encouraging to be shown an alternative outlook on the positive aspects of dentistry i.e. quality dentistry including good patient relationships which will always be appreciated by a 'values based patient'. Also it is not just the patients who may experience stress and anxiety as, even as undergraduates we hear of many cases of dentists suffering from the stresses of their job and much of this is attributed to dissatisfaction and discontentment at feeling unable to achieve their highest standards within a limited time. Thus it would make sense to create our own ideals and to continually pursue them to improve and maintain our physical and mental state of well-being.

To summarise, I thoroughly enjoyed Mr. Doug Young's interesting seminar, the delicious lunch and refreshments provided by the hotel and my thanks go to Mr. John Davis for the kind invitation to hear Mr. Young speak.

Dental Notes

August will see the induction of a new group of dental house surgeons. A word of praise for the outgoing cohort who were ably led by Ian Francis. It should not be overlooked that a happy band of housemen are an important *upfront image* of the Dental Hospital, particularly to those coming into us for the relief of pain. The staff in Accident and Emergency have sometimes in the past suffered from the superior attitude of newly qualified dentists, who consider treating toothache beneath the dignity of aspiring "oral and maxillo-facial surgeons". Usually this is manifested by unsympathetic telephonic treatment of patients who have been distressed enough to travel into London Bridge for treatment but ended up abusing the receptionist instead because she was unable to conjure up a dentist. In consequence our own medical colleagues had a jaundiced view of the dental profession. Happily this is a thing of the past. With increasing difficulty in finding that first job, the number of worthy applicants for all our clinical posts is increasing each year. It is an honour to win a house job in your own teaching hospital. The seventeen posts are still awarded on an order of merit and we congratulate the new intake coupled with the hope that they will pay particular heed to the Guy's motto.

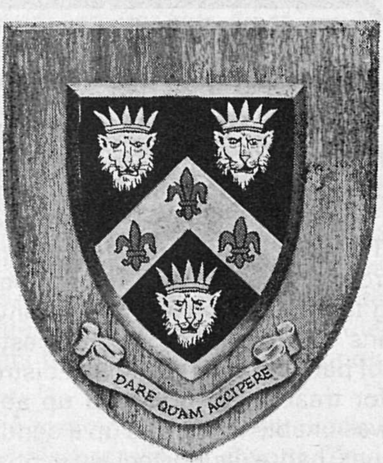
The student dental hygienists are showing signs of a sporting initiative not seen before. They are busy filling a fixture list for their own netball team. If you have a spare date (and six others to make up a side) contact Lindsey Reece, student hygienist on floor 21.

As a part of their community relations activity, B Division of the Metropolitan Police in Chelsea organise a "Jim'll fix it" scheme, which they call "B'll Fix it". On Friday 11th July it was fixed for a handicapped twelve year old youngster to spend a morning as part of a dental team at Guy's. Along with her friend Kelly White, Beverley Derozario arrived with her police escorts, PC's Corcoran and Ramsay, to be given a VIP welcome. After a busy schedule covering a range of activities usually undertaken by dental technicians, DSAs and dental hygienists, the happy duo were taken back to school laden with dental freebies and an exciting tale for their schoolmates.

In gratitude the Met have invited a party of those involved in making the request possible to spend a day at Scotland Yard in November. The anticipation of doing an inside job at the Yard is equally exciting.

M.L. Maberley

Guy's Hospital Gazette



High quality Shields, available only from the Gazette

Cost £15.00 (+ 50p p & p)

ORDER FORM

Name ....

Address ....

....

Please send me.........Guy's Shields at £15 each (+ 50p p. & p.).

I enclose a remittance of £.................

To: The Manager, *Guy's Gazette*,
23b St. Thomas' Street, SE1 9RT.
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Physiotherapy

Life – you may have noticed – has its ups and downs. At this season of examination results when every candidate and every teacher experiences early misgivings, later anxieties, mounting terrors and finally anticipatory despair – and when most of them get their moment of elation followed by post-publication *tristesse* – we can rejoice in the 90% pass-rate of our Part I entrants. We can also despond with the victims of the 10% fail-rate, and it is sometimes difficult to give due attention to the successful when commiserating with the others, especially in the period when the winners rebound and go through their post-climactic phase. By the time this is printed we will know whether the Part II finalists will have done as well or better, and the Horseshoe will have returned to normal.

These are, mostly, uppers. The downer that came our way this month was in the guise of a report to the Minister of Education by the National Advisory Board for Public Sector Higher Education. You had not heard of it, either? Well, it is what it says it is, and is concerned with establishments of Higher and Further Education (shades of the boy who held a banner with a strange device), which is where most of the non-NHS paramedical courses that have managed to squeeze through the gap have ended up. In England, the London Hospital and the N.E.London Polytechnic have a 4-year degree course, and at Teesside, Newcastle, Sheffield, Coventry and Salford diploma courses are run in polytechnics.

In Manchester, the Royal Infirmary School has succeeded in making a degree-course arrangement with the University while remaining NHS-based. In Scotland, two of the three Schools run CNAA – validated degree courses, in N. Ireland the one school is part of Ulster University with a degree course, and in Eire both Schools run University degree courses. But the rest of us? For the one Welsh School, and for the other 19 or 20 English Schools, the National Advisory Board recommends to the Secretary of State that no further degree courses should be started. We could still move into a polytechnic, of course, that is into the Higher and Further Education Sector, if the funding could be sorted out, but only for a diploma course.

This does not preclude University initiatives, but it is difficult to see that the funding would be available from the Education purse to top up the Health contribution in the light of this report. Down-putting.

The School is also tackling the problem of producing an internally examined, externally moderated course for validating by the Chartered Society and CPSM, and ultimately for sanction by the Privy Council, with the intention of launching it in 1987. What little is left of our staff has its eyes down, looking in to the depths of whatever crystal balls come to hand, drafting and re-drafting, making enemies and alienating people, sweating through a not long enough hot summer.

We really could do with a genuinely powerful upper! How about two or three well-qualified teachers, a generous financial donation, and some really good results?

Ronald Cooper

Book Reviews

"The Making of Love" by Prudence Tunnadine. Pp. 222. Price £2.95. Cover: Soft. Published by Unwin.

This is an emotional book but this may be seen as appropriate because it is about an emotional subject. As long as you appreciate this, you will not read it with false expectations and you will avoid some of the irritations which previous reviewers have felt.

Dr. Tunnadine writes about the approach of the Institute of Psychosexual Medicine whose members are doctors interested in helping their patients with sexual problems. However, her book is not written exclusively for the medical or other "helping professionals" and that has the advantage of a potentially wide circulation and consequently a reasonable price for a paperback.

I believe it would be of some value for all who are engaged in trying to assist people with sexual problems to read this book. I read it myself as a bedtime relaxant. The anecdotal style, with each chapter resembling a "short story", was well suited to this approach. I have to confess to three minor irritations. The literary style includes some slang which jarred a little, and too often the author succumbs to the temptation to criticise adversely other schools of thought without any serious attempt to make valid comparisons. The preface claims that "the people she describes represent the wide range of real individuals who, for one reason or another, have sought professional advice". In fact the patients described were most often "beautifully dressed, prosperous, rich, privately educated, etc." Perhaps these persons present themselves in the environs of Harley Street, but the contrast with those who come to the sexual problems clinic at Guy's Hospital was stark. I was left feeling that I wanted to put on record that sexual happiness is for them too.

CHRISTINE WATSON
Senior Clinical Medical Officer
Family Planning and Well Woman Clinics

"Basic Histopathology" by P. R. Wheater, H. G. Burkitt, A. Stevens, J. S. Lowe. Pp. 217, Price £18.50. Published by Churchill Livingstone.

This new publication is an atlas of colour photomicrographs with accompanying text covering general and systemic pathology, which is intended primarily for use by undergraduates.

Each section starts with a concise, readable account of the conditions covered in the subsequent illustrations. Many of these facts tend to be reiterated in the legends to the figures, which can either be considered an irritating duplication of information or a deliberate method of reinforcing facts. Generally, the factual content is accurate although I would disagree totally with the repeated fallacious assertion that colonic adenomas are "benign". The coverage of the syllabus is quite comprehensive but lacks depth. In some areas conciseness is achieved by conserving facts at the expense of underlying concepts. The authors themselves envisage their book as a supplement to standard texts rather than a replacement, and in such circumstances this lack of full explanation would not be so important.

The illustrations are overall of a reasonable standard, the main problem being lack of definition, particularly on low-power views. The problem of choosing a single photograph to illustrate an entire disease obviously entails a compromise, and all the salient features are often not shown to best advantage at one magnification. For this reason a student would ideally use the book as a laboratory manual, and supplement the single illustration by looking at a slide of the same condition. The book would also be helpful as a revision aid, when the student can already recognise the condition, and hence appreciate the limitations of some of the figures.

Among the best sections are those where the normal tissue is directly compared to the organ affected by a disease process, well seen in the endocrine section. I would have liked to see this practice followed in more of the systems, as enough students would find a picture of a normal glomerulus, or normal breast tissue, helpful to more than justify the few extra figures required.

In conclusion, this new book can be recommended as a helpful undergraduate text for use mainly as a laboratory manual or revision aid, requiring supplementation by standard pathological textbooks. The cost, £18.50, although understandable, in the light of the number of colour prints and quality of the paper, is another reason why I would not recommend students necessarily to buy their own copy of this book.

NUALA L. K. FAGG
Consultant in Pathology

"Food Additives. Taking the lid off what we usually eat" by Erik Millstone. Pp. 163. Price £2.95. Cover: Soft. Published by Penguin.

The book represents eleven years of reseach by the author concerning the use of food additives by the British Food Industry. Written for the layman, the book begins by explaining what food additives are and why industry is so keen to use them. It proceeds to how additives are monitored and the author concludes that British additive regulations are unacceptably weak and biased in favour of industry. The following chapter on how additives are tested for safety does little to reassure one.

The author then highlights possible vulnerable members of the population who may be suffering from the acute effects of food additives. He then suggests that we may all be suffering from the long-term chronic effects of additives. The book concludes with practical suggestions on decreasing the use of food additives and calls on consumers to exert a unified approach.

The book is easy to read, and the more scientific parts are well explained. I feel that the book will add fuel to the debate agaist additives.

VAL MEILTON
Chief Dietitian
Dietetic Department

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are September 3rd and October 5th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

The Professionals in Protection

Founded 1892

The Medical Protection Society

50 Hallam Street, London W1N 6DE Telephone: 01-637 0541
30 Park Square, Leeds LS1 2PF Telephone: 0532 442115

Correspondence

An Eye Infection

Dear Sir,

I got up one morning with Lift*itis* in my eye,
I got me a Geldof shave, a yellow ointment fix,
A dogend drag, last night's silly bitch
And then escaped to the great outside.
In the tube, I threw my lungs at the metallic air,
At London Bridge I rose on a lift.
Street Level, the sexual bus colours drift
Among the "Lowery People", legs in pairs
That carry me forward to the Tower Block
And then – oh then! those Bloody Stairs.

B. WOTTON
Frangipani,
West Hill,
Heybrook Bay,
Nr. Plymouth,
Devon

Heartfelt Gratitude

Dear Sir,

You are probably aware that in Dr. Sowton's cardiac department at Guy's a research team led by Dr. Phylis Holt is, in laymen's language, learning how to disconnect the heart from the brain and use microelectronics to motivate the heart instead.

In more technical terminology, I am one of some thirty or so patients to date who have had an ablation of the bundle of His, accompanied by the implanation of a technologically very advanced pacemaker which is able to sense the need for a greater or lesser supply of blood to the muscles and speed up or slow down the heart rate accordingly.

What you cannot possibly be aware of, unless you have benefited from a similar operation, is the enormous improvement which is brought about to one's quality of life. So far as I am concerned it really is nothing short of a miracle for which never a day passes that I do not bless the people at Guy's.

For twenty years I had to consume up to seventeen pills a day and even then could not eat a large meal, or drink a glass of wine, or take any sort of hard exercise without making myself ill for at least several days afterward. During the final few years I could not even drink a hot drink in the morning (because of the effort that digestion requires) if I wanted to be able to go to work during the day.

Now, as a result of the work of Dr. Holt and the others, I can mow the lawn, go sailing and surfing, run for the train, eat a large meal – all the things I have not done for many, many years.

In June I did a sponsored Bike Ride from London to Brighton specifically to raise money to help Dr. Holt's reseach, and have collected just over £2,000 which I arranged to hand over to Dr. Holt, Dr. Sowton and the team on Tuesday 5th August 1986 at Guy's.

Yours sincerely,
MIKE HARMER
Twin Acres,
Goldsmiths Avenue,
Crowborough,
Sussex

Anatomy Adieu

Dear Sir,

Please may I through your columns, thank all those who contributed to giving me such a tremendous send off into retirement on July 2nd. The generosity shown towards me was quite overwhelming, and I greatly appreciate not only the beautiful gifts and good wishes, but all the tremendous efforts made in organising such an occasion. I would like to add especial thanks to those who travelled considerable distances to be present. Thank you all very much indeed.

Yours sincerely,
MARGARET COLLINS
55 The Drive
Isleworth TW7 4AA

Guy's Hospital Gazette

THE OLDEST HOSPITAL JOURNAL IN THE WORLD

ANNUAL SUBSCRIPTION

Become a subscriber now. Fill in this form and post to:
The Manager, *Guy's Gazette*, 23b St Thomas' St, Guy's Hospital,
SE1 9RT. Or phone 01-407 7600 ext. 2023.

Please enter my name as an Annual Subscriber to "Guy's Hospital Gazette" and send me a Banker's Order Form/or invoice for subscription due. (Delete as necessary).

Name and Qualifications. . . . .

Address. . . . .

. . . .

. . . .

Full annual subscription rate £10. **Retired Practitioners £5.**

Please note new rates – as of January 1986

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E
A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E
A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

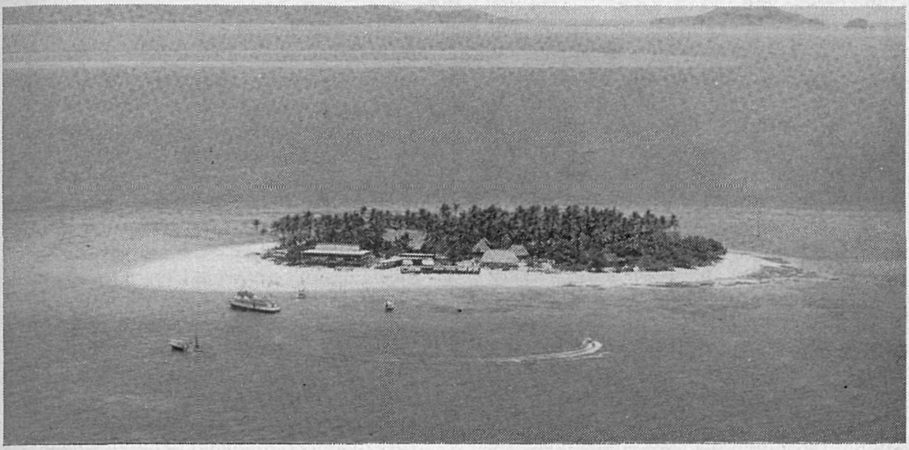
Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

for orders £ 5.00 to £14.99 please add	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60



RUGBY CLUB

CARDIAC ARREST IN FIJI and other highlights of a rugby tour to Sydney, Fiji and Tokyo.

My inspiration for breaking the sacred 'KAI-TAK' agreement and disclosing the following events is having just read the heroic exploits of Guy's R.F.C. in France and Spain. I suppose I know 50% of that party but such was the use of obscure nick-names all remained virtually anonymous. I have no fear of bewildering my readers, I was the only Guy's man present on this the Hong Kong Football Clubs Centenary Tour. Few names will be used.

Dressed in our tailored navy-blue blazers with embroidered dragon on the breast pocket, grey slacks, and 'coolie' hats an assortment of British refugees with a token Frenchman and a far from token kiwi, assembled at Kai-tak airport to fly with the ever patient Cathay Pacific to Sydney.

Cathay's current motto is "arrive in better shape"; 8 hours later the party ended. A short plug for H.K. Where else in the world could you have a blazer and three pairs of slacks made to measure for £60!! and they haven't fallen apart yet! I knew my jacket was a winner when I discovered the inner label read, "especially made for Gabriel Lau"!

Australians are known to have some strange customs officers; Sydney's confiscated all our boots to put them through a sheep dip.

On to our hotel at Coogee. Forget the rugby, beach, surf, cold beer, and some very attractive suntanned girls greet us; marvellous little town. Ominously we are to play Randwick the next day.

Two pieces of good news for me the next morning, we are only playing their 3rd team and I have not been selected! It transpires that most of the young trialists from other clubs will use this game to get noticed for better things at Randwick. It was not too unpleasant to watch the 40 point pounding that followed. Even more enjoyable was watching the inaugural international VII's at the Concord Oval, at which the All Blacks were superb, and England were . . . I will not dwell on the seedy side of Sydney night-life. King's Cross not recommended for anything at all!

Day 3: Sights of harbour, 'Rocks' area are all very pleasant. Evening match against Sydney University Alumni. I'm selected, we win 17–14 coincidence??

We depart in high spirits for Fiji, many have now decided to avoid hangovers by maintaining a steady blood alcohol level.

We flew to Fiji via Christchurch on Air New Zealand who were not offering the sort of hospitality given by one of their hostesses not so long ago. In fact they were pretty hostile, we soon charmed them/wore them down. We had to change planes in Christchurch, a dreadful excuse of a transfer lounge with no bar and a poorly stocked duty free was soon alive with liquor games and all nationalities were coerced into a massed sing-song. Our hotel in Fiji was the little known (and I think it should stay that way!!) Cathay at Lautoka. It has no connection with the airline, delapidated and deserted. Our spirits were soon raised by the news that Nadronga district had decided they would not play us on Good Friday as arranged. The bad news is that tomorrow's game is against Lautoka, another district side with 5 members of the current national squad. I am not selected! The referee arrives late for a 6 p.m. kickoff, and the electricity for the floodlights has been disconnected, unpaid bill!! We will have to play 20 each way. The Fijians score 4 tries, all counter attacks from their own 22. Denmark makes his south seas debut in the 2nd half. Hong Kong bundle over for a scrappy try. The Fijians play 15-a-side sevens from the kick off and run in another, 26–7. We make the Fijian *Times*. Afterwards we are taken to the Galaxy nightclub a bit of a rough place, with the bar caged in except for a bottle shaped slot. The same edition of the Fiji *Times* that carries our photo informs us that the previous night 3 policemen have been stabbed there while trying to make an arrest!!

Day 6, off to the idyllic Beachcomber island (see photograph), where we can excel at what most of us are really good at – posing!! The return ferry trip is interrupted, I am asked to look at a young Australian who is vomitting, I diagnose mild sunstroke, obviously well trained at Guy's!!! The treatment of shade and oral rehydration is a great success, I am hailed by all as the new Schweitzer! Good Friday, we decide to descend on the resort complex which has hosted the Queen in the past, The Fijian. I blitz the golf course in 54, (only 9 holes though!).

Late lunch with lots of tropical fruit and a laze by the pool. Another consultation, "eh Doc, that woman don't look too good, better give her a look over". Glancing sleepily from under my sun visor, a middle aged woman is in the shallows being administered an asthma 'puffer' by a man. Sensing no danger I turnover mumbling, "she'll be all right", or something like that!!

"I really think you ought to help." I turn to the accountant, "look her husband's got a big tax bill but I don't see you rushing to help!" I look over again thinking to myself what good stuff Ventolin is. Horror! She's on her back on the poolside just like a beached whale; even the blue colour!! She stops breathing as I arrive, mouth to mouth, no pulse, massage, success!!

I've summoned the resort's medical-'team'. She waddles up panting with what looks like a make-up box, "I'm a nurse." "I'm a doctor"; introductions over, "what's in the box?" – "oxygen" – "great". She slaps on an anaesthetic style mask and turns it full on. The gauge doesn't budge. "It's not working." Nurse, "yes it is", I pull it off, try it myself – I'm right, the "nurse" reapplies it! to a now blue face. The doctor throws a fit, and the mask away. Suddenly everybody is taking of notice of what I say! Where then is the promised ambulance; "Oh, there is no ambulance, we use an estate car." She's arrested again! The "nurse" has fled. 2nd successful resus (I now have a better record here than I managed in 6 months as an H.P. at New Cross!). We safari to a local hospital, I ask the resort manager to phone ahead. We arrive, no doctor, I turn on the oxygen cylinder in the emergency room, you guessed, it's empty! I have now aged 20 years in as many minutes. (This is why you're a pathologist!!). 3rd successful resus and pupils still reacting! Oxygen, a drip, salbutamol inhalation, I.V. steroids and even a doctor appear. I am removed by my team mates to the coach, a hero's welcome and more importantly a cold six pack await me. I never did find out how the poor woman fared.

I recover at a local feast given in our honour, and only lose in the ever popular "Crème caramel time trials" undoubtedly sabotaged by a side bet on a tropical paradise sundae. Back at our hotel bar, the Kiwi enters and announces he's found a good bottle opener. He has his arm around a young local girl, hands her a beer bottle, she removes the top effortlessly with her teeth! We stay at the functional Marouda Inn Akasaka, Western or Japanese pornography is showing on the in-house T.V. – amusing at first. We are the only overseas side ever to be invited to the all Japan VII's to be held at the Yokohama country club. We have drafted in two of our players from the H.K. sevens squad just for this leg of the tour. Unfortunately they have arrived early and have ordered a "round" for the whole party, when we do not show, they drink the lot! I thought I'd be pretty safe here – but no! The predominantly Ex-pat host side are four(!)

players short (skiing in Sapporo or some such pathetic excuse). I pick a long straw! One of the 'volunteers' breaks his ankle losing in the first round. Our first significant injury. Tokyo Sanyo prove too strong for us. Yes, it is a rugby team not Harvey Smith's horse!! The afternoon which is cold and wet I remember only as a blurr of warm plum wine, Miki and Yuko!!

Off to Roppongi for a good local feed, sushi, sashumi, Shabba-shabba etc., washed down with warm saki and other poisonous liquors. The jellied noodles are not popular to eat but once it is found what a devasting effect is to be had when they are thrown at the fans it is time to say *Sayonara*!

I have now extended my Japanese from *arigato* – thank you, and *banzai* – long life, with phrases for "I love you" and the incredibly useful "can you play the flute"; yes, you're right I'm keeping these to myself!! The final morning is spent shopping in Harajuku then back to Hong Kong. However it's not all over, I now have two days of official duties as doctor to our club's centenary 10-a-side tournament, a game originating in Malaysia. Our guests include Muscat. Syndey Uni. Alumni. Seoul survivors, Bangkok, Manilla, and Singapore Ex-pat sides and from the U.K. our old friends Askeans, who are unlucky to lose to a Hong Kong select side in the final. If that wasn't enough it's the international sevens for the weekend, a mavellous spectacle enjoyed by 30,000 spectators on both days and won by the All Blacks. But, I hear you say, recent statistics show there are now under 10,000 Brits in H.K. (We are even outnumbered by Americans!) The answer is of course, people fly in from all over for this, the local Chinese still don't play or watch in any great numbers.

To conclude, 1997 approaches, work is starting on a nuclear power station, 50km from Hong Kong with French reactors to be run by the Chinese. Appropriately enough it is called DAYA BAY. Rugby in Hong Kong may not have long to go, but undoubtedly at the present time some of the most entertaining rugby is to be played in this region.

Lloyd Denmark

GUY'S SAILING CLUB

Guy's Sailing club recently acquired two new Laser II Regattas; ten days later two crews took the boats down to Hayling Island to compete in the European Championships. Despite a rather short introduction to the class, a lack of serious competition experience in these boats and a knee injury to one of our crew, spirits were high. We expected honourable mid-fleet positions but NO, due to some very good helming by Adrian Mathie he and his crew Tim Vickers finished repeatedly in the top half of the forty-eight boat fleet, their best result being third. Andrew Good and John Knighton managed eighteenth as their best.

As a new captain it is always nice to take over a well organised and equipped club. My thanks, therefore, go to Mark Foster and Jerry Collyer who in the last year have worked very hard to keep our fleet in good nick. With our new boats, racing occurs quite regularly at Queen Mother reservoir, Datchel and United Hospitals' team racing is keenly contested at Burnham. I hope to see all who wish to take to the high-seas seriously or to enjoy our facilities this year.

S.C.

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY

Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

bosp

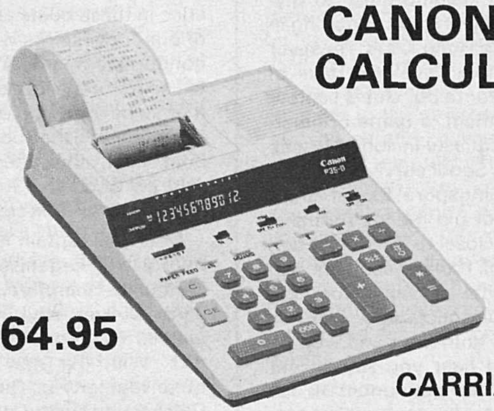
OFFICE EQUIPMENT
FURNITURE
BEELINE HOUSE
FARWIG LANE, BROMLEY
01–460 9811

MACHINES SHOWROOMS
& SHOP
39 EAST STREET
BROMLEY

VISA

SPECIAL OFFER
TO READERS OF "GUY'S"

CANON P35D
CALCULATOR



ONLY £64.95
+ VAT

CARRIAGE FREE

Features –

- ★ Display only or print and display
- ★ 12 digit capacity
- ★ Standard plain paper 2¼″ roll
- ★ Percentages
- ★ 4 key memory
- ★ Item count
- ★ Long life cassette ink roller

bosp

Hospital Information

PAPERS BY GUY'S PEOPLE

Baker, E. J. Valvoplasty, angioplasty and embolotherapy in congential heart disease. **International Journal of Cardiology**, 1986, **12**, 139–145.

Bannister, L. H., Mitchell, G. H., Butcher, G. A., Dennis, E. D. and Cohen, S. Structure and development of the surface coat of erythrocytic merozoites of Plasmodium knowlesi. **Cell and Tissue Research**, 1986, **245**, 281–290.

Berry, M., Sadler, M. and others. Three morphologically distinct types of interface develop between adult host and fetal brain transplants: implications for scar formation in the adult central nervous system. **Journal of Comparative Neurology**, 1986, **249**, 103–116.

Bingham, J. and Maisey, M. Renal imaging. **Medicine International**, 1986, **2**(31), 1265–1274.

Boyd, E. G. C. A. and Holt, P. M. (Reply to correspondence.) **Pace**, 1986, **9**(4), 609–611.

Brewin, T. B. Truth, Trust and Paternalism. **Lancet**, 1985, **2**, 490–492.

Brewin, T. B. Orthodox and Alternative Medicine. **Scottish Medical Journal**, 1985, **30**, 203–205.

Brewin, T. B. Voluntary Euthanasia. **Lancet**, 1986, **1**, 1085–1086.

Cawson, R. A. and others. Acquired immune deficiency syndrome: review. **British Dental Journal**, 1986, **161**, 53–60.

Child, A. H. Joint hypermobility syndrome: inherited disorder of collagen synthesis. **International Journal of Rheumatology**, 1986, **13**(2), 239–243.

Ettedgui, J. A., Lorber, A. and Anderson, D. Double aortic arch associated with coarctation. **International Journal of Cardiology**, 1986, **12**, 258–260.

Holt, P., Crick, J. C. P. and Sowton, E. Antitachycardia pacing; a comparison of burst overdrive, self-searching and adaptive table scanning programs. **Pace**, 1986, **9**(4), 490–497.

Jarrett, R. J. Duration of non-insulin-dependent diabetes and development of retinopathy: analysis of possible risk factors. **Diabetic Medicine**, 1986, **3**(3), 261–263.

Jarrett, R. J. Obesity and type 2 (non-insulin-dependent) diabetes. (Correspondence.) **Diabetologia**, 1986, **29**, 407–408.

Keen, H. and another. (Correspondence.) **Lancet**, 1986, **2**, 158–159.

Kemeny, D. M. Richards, D., Ellis, H. J. and Ciclitira, P. J. Gliadin IgG subclass antibodies in patients with coeliac disease. **International Archives of Allergy and Applied Immunology**, 1986, **80**, 258–261.

Lloyd, J. K. and others. Oral vitamin E supplements can prevent the retinopathy of abetalipoproteinaemia. **British Journal of Ophthalmology**, 1986, **70**, 166–173.

Lovell, A. and another. Patients' access to records. (Correspondence.) **Lancet**, 1986, **2**, 106.

Mundy, A. R. Incontinence. **Medicine International**, 1986, **2**(31), 1287–1292.

Ng Tang Fui S., Pickup, J. C., Bending, J. J., Collins, A. C. G., Keen, H. and Dalton, N. Hypoglycemia and counterregulation in insulin-dependent diabetic patients: a comparison of continuous subcutaneous insulin infusion and conventional insulin injection therapy. **Diabetes Care**, 1986, **9**(3), 221–227.

Pickup, J. and another. Impaired microvascular hyperaemic response to minor skin trauma in type I diabetes. (Correspondence.) **British Medical Journal**, 1986, **293**, 204.

Pitt-Ford, T. R. Root resorption. (Correspondence.) **British Dental Journal**, 1986, **161**, 47.

Robinson, R. O. Meeting report: mechanisms of brain recovery. **Journal of the Royal Society of Medicine**, 1986, **79**(7), 430–433.

Saxton, H. M. CCHMS guidance on Griffiths. (Correspondence.) **British Medical Journal**, 1986, **293**, 208–209.

Sellar, M. J. Neural tube defects and sex ratios. (Correspondence.) **Lancet**, 1986, **2**, 227.

Sowton, E. (Correspondence.) **International Journal of Cardiology**, 1986, **12**, 268.

Start, K. Nutritional priorities for the uraemic child. **Update**, 1986, **33**(2), 169–172.

Viberti, G. C., Wiseman, M. J. and Bending, J. J. Prevention of diabetic nephropathy; markers of disease and perspectives for intervention. **Diabetic Medicine**, 1986, **3**(3), 208–211.

HOUSE APPOINTMENTS

commencing 1st August, 1986 to 31st January, 1987

HOUSE PHYSICIANS

Dr. Scott/Dr. Knight/Dr. Grahame/Prof. Rogers/
Prof. Rubens/Dr. Harper

Dr. J. Rani	to 31.1.87
Dr. G. Sadler	to 31.1.87
Dr. S. Wollaston	to 31.1.87

Prof. Lessof/Prof. Clark/Dr. Cochrane/Prof Panayi/
Dr. Henry/Dr. Tovey/Dr. Hicks

Dr. C. Denton	to 31.1.87
Dr. J. Malcolm	to 31.1.87

Dr. Joiner/Prof. Keen/Prof. Dowling/Dr. Sladen/
Dr. Gibson/Dr. Hicks

Dr. C. Heyes	to 31.1.87
Dr. P. Thexton	to 31.1.87
Dr. A. Milner	to 31.1.87

Gen Med (Prof. Lessof/Prof. Clark/Dr. Cochrane/
Prof. Panayi/Dr. Henry/Dr. Tovey/Dr. Jones to 31.10.86/
Geriatrics to 31.1.87

Dr. C. Cattell	to 31.10.86
Dr. C. Murphy	to 31.1.87

Geriatrics to 31.10.86/Gen Med (Prof Lessof/Prof Clark/
Dr. Cochrane/Prof. Panayi/Dr. Henry/Dr. Tovey/
Dr. Jones to 31.1.87

Dr. C. Murphy	to 31.10.86
Dr. C. Cattell	31.1.87

HOUSE SURGEONS

Mr. Ellis /GU Surgery
(Mr. Kinder's replacement & Mr. Mundy)

Dr. J. Robinson	to 31.10.86
Dr. R. Beck	to 31.1.87

GU Surgery (Mr. Kinder's replacement & Mr. Mundy)/
Mr. Ellis

Dr. R. Beck	to 31.10.86
Dr. J. Robinson	to 31.1.87

Mr. Rendall & Dr. Tong/GU Surgery (Mr. Flannery & Mr. Joyce)
Dr. J. Spence to 31.10.86
Dr. M. Hall to 31.1.87

GU Surgery Mr. Flannery & Mr. Joyce/(Mr. Rendall & Dr. Tong)
Dr. M. Hall to 31.1o.86
Dr. J. Spence to 31.1.87

Professor McColl/ENT (Mr. Shaheen)
Dr. E. Hornung to 31.10.86
Dr. P. Brown to 31.1.87

Professor McColl/ENT (Mr. Hibbert & Mr. Douek)
Dr. N. Maynard to 31.10.86
Dr. J. Searle to 31.1.87

ENT (Mr. Hibbert & Mr. Douek)/Professor McColl
Dr. J. Searle to 31.10.86
Dr. N. Maynard to 31.1.87

Mr. Maynard/Mr. Henry (Orthopaedics)
Dr. J. Bhattacharya to 31.10.86
Dr. G. Cook to 31.1.87

Orthopaedics (Mr. Henry)/Mr. Maynard
Dr. G. Cook to 31.10.86
Dr. J. Bhattacharya to 31.1.87

Mr. O'Flynn/Dr. Winter & Dr. Terrell/Orthopaedics (Mr. Watson)
Dr. S. Nagpaul to 31.10.86
Dr. D. Harriss to 31.1.87

Orthopaedics (Mr. Watson)/Mr. O'Flynn/Dr. Winter & Dr. Terrell
Dr. D. Harriss to 31.10.86
Dt. S. Nagpaul to 31.1.87

Professorial Unit/Orthopaedics (Mr. Laurence)
Dr. M. Cottee to 31.10.86
Dr. C. Smith to 31.1.87

Orthopaedics (Mr. Laurence)/Professorial Unit
Dr. C. Smith to 31.10.86
Dr. M. Cottee to 31.1.87

Professorial Unit/Orthopaedics (Mr. Spencer) & Plastic *Surgery (Mr. Broomhead)*
Dr. M. Huckstep to 3.10.86
Dr. S. Mudan to 3.1.87

Orthopaedics (Mr. Spencer) & Plastic Surgery (Mr. Broomhead)/Professorial Unit
Dr. S. Mudan to 31.10.86
Dr. M. Huckstep to 31.1.87

NEW CROSS HOSPITAL

Gen Med/Geriatrics (Dr. McNabb) 1.8.86 to 31.10.86
Gen Med/Rheumatology (Dr. Grahame/Dr. Volans) 1.11.86 to 31.1.87
Dr. D. Davies to 31.1.87

Gen Med/Rheumatology (Dr. Grahame/Dr. Volans) 1.8.86 to 31.10.86
Gen Med/Geriatrics (Dr. McNabb) 1.11.86 to 31.1.87
Dr. J. Edwards to 31.1.87

Gen Med/Geriatrics (Dr. Lewis) *1.8.86 to 31.10.86*
Gen Med/Chest Med (Drs. Henry, Fowle) 1.11.86 to 31.1.87
Dr. I. Jenkins to 31.1.87

Gen Med/Chest Med (Drs. Henry, Fowle) 1.8.86 to 31.10.86
Gen Med/Chest Med (Dr. Cochrane) 1.11.86 to 31.1.87
Dr. H. Kooner to 31.1.87

Gen Med/Chest Med (Dr. Cochrane) 1.8.86 to 31.10.86
Gen Med/Geriatrics (Dr. Lewis) 1.11.86 to 31.1.87
Dr. W. Thompson to 31.1.87

LEWISHAM HOSPITAL

House Physician to Dr. Eiser/Dr. Farquharson's successor
Dr. F. A. Little to 31.1.87
Dr. T. Hotton to 31.1.87

House Physician to Dr. Gordon Jackson (Gen Med)/Dr. Grahame Jackson (Cardiology)/Dr. Vollum (Derm)
Dr. G. Smith to 31.1.87
Dr. R. Loukota to 31.1.87

House Physician to Dr. Mallinson/Dr. Rees
Dr. T. Blanchard to 31.1.87
Dr. P. Read to 31.1.87

House Physician to Dr. Stott (Gen Med)/*Whitmore (Haematology)*
Dr. J. Evans to 31,1,87
Dr. J. Howard to 31.1.87

House Surgeon to Mr. Lynn Evans
Dr. C. Edmunds to 31.1.87

House Surgeon to Mr. Ivo Smith
Dr. M. Holland to 31.1.87

House Surgeon to Mr. Monty – (Orthopaedics) 3 months/Mr. Negus – (General Surgery) 3 months
Dr. J. Mardon to 31.1.87

House Surgeon to Mr. Negus – (General Surgery) 3 months/Mr. Monty – (Orthopaedics) 3 months
Dr. I. Cranston to 31.1.87

House Surgeon to Professorial Unit – 3 months/Mr. Spencer – (Orthopaedics) 3 months
Dr. R. Jennings to 3.1.87

House Surgeon to Mr. Spencer – (Orthopaedics) 3 months/Professorial Unit – 3 months
Dr. G. Robinson to 31.1.87

HITHER GREEN HOSPITAL

House Physician – Gen Med/Infectious Diseases
Dr. K. Toh to 31.1.87
Dr. P. Ghosh to 3.1.87

BUCKLAND HOSPITAL, DOVER

House Physician – General Medicine & Infectious Diseases
Dr. J. Little to 31.1.87
Dr. P. Khan to 31.1.87

CUCKFIELD HOSPITAL, SUSSEX

House Surgeon – 3 months Gen Surg/3 months Orthopaedics
Dr. A. Mead to 31.1.87

EATBOURNE DISTRICT HOSPITAL

House Physician to Dr. McLeod (some duties at St. Mary's Hospital)
Dr. S. Patel to 31.1.87

ST. MARY'S HOSPITAL, EASTBOURNE

House Physician to Dr. Linley Adams
Dr. K. Powell to 31.1.87

EDGWARE GENERAL HOSPITAL

House Surgeon to Mr. Qureshi
Dr. R. Chowdhury to 31.1.87

GRAVESEND AND NORTH KENT HOSPITAL

House Surgon to Mr. Skidmore
Dr. S. Goulding to 31.1.87

GREENWICH DISTRICT HOSPITAL

House Physician to Dr. Thompson/Dr. Stokes
Dr. J. Badger to 31.1.87
Dr. A. Tuddenham to 31.1.87

House Physician to Dr. Robson/Dr. Blower/Dr. Webb
Dr. W. Chapman to 31.1.87
Dr. A. Cahn to 31.1.87

House Physician to Dr. Marsden/Dr. Price
Dr. N. Beer to 31.1.87

House Surgeon to Mr. Williams and Mr. Cetti 1.8.86 to 30.10.86/Mr. Stoker and Mr. Harrison 1.11.86 to 31.1.87
Dr. A. Walker to 31.1.87
Dr. I, Brown to 31.1.87

House Surgeon to Mr. Stoker & Mr. Harrison 1.8.86 to 30.10.86/Mr. Williams & Mr. Cetti 1.11.86 to 31.1.87
Dr. J. Craze to 31.1.87
Dr. M. Marsh to 31.1.87

House Surgeon to Mr. O'Flynn
Dr. D. Sutin to 31.1.87

ISLE OF THANET HOSPITAL, MARGATE WING

House Physician to Dr. Goldman
Dr. V. Ho to 31.1.87

House Physician to Dr. D. Brennand-Roper
Dr. C. Chin to 31.1.87

House Surgeon to Mr. Skidmore
Dr. D. O'Driscoll to 31.1.87

KENT AND CANTERBURY HOSPITAL

House Surgeon to Mr. Jackson (General Surgery)/ Mr. Claridge (Urology)
Dr. N. Joshi to 31.1.87

House Surgeon to Mr. Carruthers (Urology)/ Mr. Jackson (General Surgery)
Dr. Thangarajasingham to 31.1.87

House Surgeon to Mr. Heddle (General Surgery)
Dr. S. Gower to 31.1.87

THE MAIDSTONE HOSPITAL

House Surgeon to Mr. Fenn
Dr. P. Cousins to 3.1.87

ORPINGTON HOSPITAL

House Surgeon to Mr. Wilding & Mr. Lam (Gen Surgery and Orthopaedics)
Dr. R. Hain to 31.1.87
Dr. M. Chong to 31.1.87

House Physician to Dr. J. D. Williams
Dr. M. Dwyer to 31.1.87

House Physician to Dr. A. G. Jariwalla
Dr. G. Greenway to 31.1.87

House Surgeon to Mr. N. Gray (Locum Consultant) (Gen Surg)/Mr. Knox (Dental)
Dr. A. Hwang to 31.1.87

PEMBURY HOSPITAL

House Surgeon to Mr. Lavy & Mr. Ford
Dr. N. MacFarlane to 31.1.87
vacant post to 31.1.87
Dr. S. May to 31.1.87

House Physician to Drs. Maw, Everest, Hugh and Thomas
Dr. C. O'Brien to 31.1.87
Dr. A. Townsend to 3.1.87
Dr. R. Blakey to 31.1.87
Dr. P. Wou to 31.1.87

THE ROYAL SUSSEX COUNTY HOSPITAL, BRIGHTON

House Surgeon – Mr. Gumpert & Mr. Reid (General Surgery) (3 months)/Mr. Royal, Mr. Harrison & Mr. Fletcher (Urology) (3 months)
Dr. D. Kwan to 31.1.87

House Surgeon – Mr. Hogbin & Mr. Clark (General Surgery) Royal Sussex County Hospital (3 months)/ Mr. Hogbin, Mr. Clark & Mr. Strachan (General Surgery) Brighton General Hospital (3 months)
Dr. D. Carr to 31.1.87

ST. HELEN'S HOSPITAL, HASTINGS

House Physician to Dr. Bruce (Geriatrics) 1.8.86 to 31.10.86
Dr. Reid & Mr. Liddell (Gen Med) 1.11.86 to 31.1.87
Dr. M. Twitchett to 31.1.87

House Physician to Dr. Strouthidis (Geriatrics) and Dr. Innes (Rheum) 1.8.86 to 31.10.86/ Dr. Wray (Cardiology) 1.11.86 to 31.1.87
Dr. S. Haskell to 31.1.87

THE WILLIAM HARVEY HOSPITAL, ASHFORD, KENT

House Surgeon
Dr. D. O'Flynn to 31.1.87
Dr. P. Jennings to 31.1.87

MARRIAGE

Mr. Clive D. THORNE and Miss Alison M. C. HEALY The marriage took place on Saturday, 12th July in Southwark Cathedral, London between Clive, elder son of Mr. and Mrs. Desmond Thorne of Eastbourne, Sussex and Alison, only daughter of Commander Michael Healy of Beaulieu-sur-Mer, France, and Mrs. Mary Healy of Fareham, Hampshire.

DEATHS

GOODLIFFE, L.H.S., (Jimmy) on July 4, 1986, aged 80.

JOHNSON, Frank Knight L.D.S., R.C.S.Eng. 1936 Suddeny on 10th July, 1986 after a period of illness. Regular Army Commission, Royal Army Dental Corps, 1937 (Egypt, Sudan, N.W. Europe). Returned to Guy's, taking an orthodontic appointment. 1847–51 Regional Dental Officer, Ministry of Health. Entered into practice in Chester, specialising in orthodontics until retirement in 1984.

JAMES, Lewis (Jimmy), L.D.S., Guy's 1938. Suddenly July 17, Singleton Hospital, Swansea. Dearly beloved husband of Connie. Much respected by all who knew him.

MARTIN, H. C. (Johnnie). July 8, 1986. Suddenly at his home; Courtfield Cottage, Shipton Gorge, Bridport, Dorset.

SMALL, Arthur W.G., L.D.S, R.C.S.(Eng). Died on 18 July, peacefully, at St. Christopher's Hospice, Sydenham.

PERSONAL

BOROUGH TANDOORI RESTAURANT – Fully licensed, 29 Borough Road, London SE1. 10% Discount for groups from Guy's Hospital. Tel. 01–928 6848.

WILTSHIRE AREA. Retired Guy's Couple, active, with help for house and garden, offer home as family to medic or other. Non Smoker. Own Flatlet if preferred. Near golf course. Apply for addrdss to Gazette Office.

HYGIENIST REQUIRED, London W1 three-man private practice, four or five days per week. Tel. 01 636-7181.

CHANGE OF ADDRESS

IRVINE, Dr. R. E., (Bobby) and Mrs. F.M., (Peggy). Dolphin House, Foulon Road, St. Peter Port, Guernsey. C.I. Telephone 0481 23298.

GLENN, Dr. Roger and Mrs. Beryl. "Little Sutton", 29 Dukes Road, Lindfield, West Sussex. RH16 2JQ. Telephone, 04447 4250.

Guy's Hospital Gazette

English Pewter 1 pt Tankards, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed.

Cost £18.00

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Tankards at £18 each (plus 50p p & p.)

I enclose a remittance of £.................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Guy's Hospital Gazette

THE WILLS LIBRARY,
GUY'S HOSPITAL,
LONDON, S.E.1.

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITORS NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITORS JONATHAN CIESLICKI AND JEREMY GREGG
SPORTS CORRESPONDENT NAVROZ MASANI
PHYSIOTHERAPY CORRESPONDENT RONALD COOPER
MANAGER SYLVIA RODD

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

THE WILLS LIBRARY
30 SEP 1986
GUY'S HOSPITAL MEDICAL SCHOOL

Contents

Page
PASSIM 325
NEWS IN BRIEF 326
APPRECIATION
R. G. Beard 329
Thomas Brink 331
CLUBS' UNION NEWS 332
FRESHERS' SECTION 333
DR. JAMES "MIRANDA" BARRY
by Lt. Col. R. C. Francis 343
RESEARCH AT GUY'S
Microbiology 346
ANATOMY – ANALYSIS AND SYNTHESIS Part 2
by Professor R. Warwick 348
OBSTETRIC RETROSPECT
A VERY PERSONAL RECOLLECTION
Part 2
by Hujohn Ripman 351
PHYSIOTHERAPY 359
THE MOLE REPORT 360
CORRESPONDENCE 361
SPORT 363
HOSPITAL INFORMATION 365

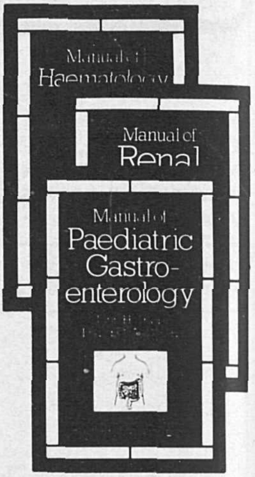
SEPTEMBER 27, 1986 VOLUME 100 NUMBER 2366

Published Monthly at Guy's Hospital, London. All rights reserved.

Pass your exams with Churchill Livingstone

The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.



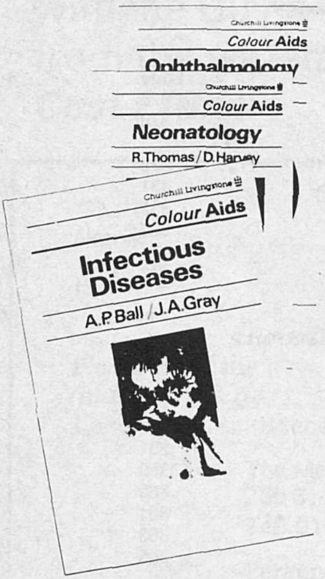
Manual of
Haematology
Manual of
Renal
Manual of
Paediatric
Gastro-
enterology

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll

Colour Aids

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.



Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious Diseases
A.P. Ball / J.A.Gray

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by *medical students and examination candidates in all fields.*
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

Inside-out

Few will deny that the arrival of a new intake of students comes as a welcome tonic every autumn. For those of us who see ourselves as old hands, it also serves as a timely reminder of how long we have been bound by the apron-strings of our alma mater. It is amusing, and heartening, that once more a vast number of individuals have stuck by their choice to study either medicine or dental surgery – reminding us of the day when we all made that fateful decision. You will all know what your expectations are and, being on the threshold of a career at Guy's, it will be a source of great enjoyment and frustration – the peaks and troughs of London existence – as you try to fulfil the expectations with which you initially embarked.

Some believe Fresher's Week is the "time of your life". Whether it is or not is for you to decide. Certainly, the friendships forged in this week ahead, the clubs you join and the indulgences you permit yourself will play a significant part in your future undertakings. As the pressures of the undergraduate condition take their toll, you will be grateful for having been forced to "break the ice".

Guy's Hospital is a vast place at first sight – it could almost be described as an ecosystem. There is no doubt that it is possible to live, work and socialise entirely within its confines. Nevertheless, the annual input of new faces reminds us that there is an outside world too and that maintaining contact with non-medical friends does wonders for your sanity and broadness of mind. Not only will this benefit you, but through you it will benefit Guy's. As the latest in a long line of Guy's people, the versatility of the hospital in years to come will be equivalent to the adaptability of the "producers" and "predators", "decomposers" even, who work here. To coin a phrase: to maintain inside output Guy's needs outside input!

I cannot congratulate you on making an excellent choice of hospital, not having studied anywhere else, but few of you will regret coming to Guy's. The opportunities are all there for you to burst in on the Guy's scene and establish yourselves in the great choice of clubs and societies as well as, of course, the back row of the lecture theatres!

Compound farce

On behalf of the dental student body the *Gazette* feels it should draw the attention of its readership to a rather ridiculous administrative change which has been instigated in the Conservation department. Once again the lot of the student has been sacrificed, this time supposedly to streamline the dispensing of dental materials and equipment. The compound on floor 25 is the central store for handpieces and over-the-counter materials, and students from floor 26 (an endangered species) are obliged to use the stairs everytime they require anything slightly more complex than Dycal or Reprosil. This, contrary to the hallowed opinion of our administrators, is not the solution to the problem. In fact, the students have found that it is simpler to keep handpieces and materials in their cabinets, to save from leaving their patients whilst, for example, they go off in search of Copalite varnish. Is this not the proverbial recipe for disaster? To make an analogy, in pharmacological clinical trials, drugs are first tested on laboratory animals. It is an insult to the intelligence of the students working on floor 26 that they should be regarded as experimental objects for such a scheme. Is it not time that the student body should be consulted when new ideas for administration are considered? This might avoid the development of ill-feeling between the parties concerned and enable students to enjoy more thoroughly their crucial role as clinical dressers and ambassadors of the hospital.

P.S. Lost: one student common room. Last seen on floor 24. If found please return!

News in Brief

Commonwealth Games

Alison Childs, a student in the School of Physiotherapy, was placed 8th in the springboard diving at the Commonwealth Games. She was the highest placed of the U.K. entrants.

Front Cover

This month's front cover design is by Thomas Brink.

Guy's Hospital Society Bournemouth and Wessex

The Annual Dinner of the Society will take place on Friday November 7th, at the Durlston Court Hotel, Bournemouth. Dr. D. M. Carnegie will be in the chair. Further details from Mr. E.H. Archard, 1, Beechwood Avenue, Boscombe, Bournemouth, BH5 1LX.

Rugby Club 1986/1987 1st XV Fixture

SEPTEMBER

Wed.	10	Harlow		Away
Sat.	13	Southend	3.00	Home
Tue.	23	Blackheath	5.30	Away
Sat.	27	Nuneaton	3.00	Home

OCTOBER

Sat.	4	U.S. Portsmouth	2.45	Home
Sat.	11	Harlequins U21	2.45	Home
Sat.	18	Old Dunstonians	2.45	Away
Sun.	19	1st rd Surrey County Cup Sutton and Epsom		Away
Sat.	25	Cinderford	3.00	Home

NOVEMBER

Sat.	1	Askeans	2.45	Home
Sat.	8	Osterly	2.45	Home
Sun	9	2nd rd Surrey County Cup		
Sat.	15	O.M.T.	2.30	Away
Sun.	16	Gutteridge Cup, BARTS	2.30	Home
Sat.	22	H.A.C.	2.30	Away
Sat.	29	Purley	2.30	Away
Sun.	30	Gutteridge Cup, 3rd Round	2.30	Home

DECEMBER

Sat.	6	Old Cranleighians	2.45	Home
Sat.	13	Old Millhillians	2.30	Away
Sat.	20	Esher	2.30	Away
Sat.	27	No fixture		

JANUARY

Sat.	3	Old Blues	2.30	Away
Sat.	10	Sidcup	2.30	Away
Sat.	17	Streatham and Croydon	10.30am	Away
Sat.	24	Cambridge University	2.30	Away
Sat.	31	Maidstone	2.30	Away

FEBRUARY

Sat.	7	Rosslyn Park U23	10.30am	Home
Sat.	14	Southampton Medics	2.45	Home
Sat.	21	Bromley	10.30am	Home
Sat.	28	Taunton	2.45	Away

MARCH

Sat.	7	Old Alleynians	2.30	Away
Sat.	14	South Molton		
Sat.	21	Newbury	2.45	Home
Sat.	28	Cambridge City	2.45	Home

APRIL

Sat.	4	Guildford	2.30	Away
Sat.	11	Old Whitgiftians	2.30	Away

Programme for Freshers Week

Monday 29th September

9.45 – Grand Welcome. Talk from the Dean, Students' Union, plus Security film – Harris Physiology Theatre.
11.00 – Dental Course – Tower Lecture Theatre.
Medical Course – Harris Physiology Theatre.
11.30 – Tour of Guy's.
3.00 – Meet the Staff tea party – Upper Spit.
4.00 – Freshers' Fair – Ballroom.
6.30 – Family party. Meet your "parent" (second year student allocated to look after you) with complimentary food and wine – Ballroom.
8.30 – Rock and Roll and Cocktail Bash – Ballroom.

Tuesday 30th September

4.30 – Tea for Freshers – Tower Lecture Theatre Ante-room.
5.15 – Dental Society Presidential Address – Tower Lecture Theatre.
6.30 – Nat West Cheese and Wine – Ballroom.
8.00 – Inflam – Bar.

Wednesday 1st October

p.m. – Trials at Honor Oak Park; Chiswick Boat House. Details at Freshers' Fair.
8.00 – Barbecue and Disco – Honor Oak Park.

Thursday 2nd October

8.00 – Rugby Club Bash – Ballroom.

Friday 3rd October

8.00 – Cabaret Evening – Ballroom.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are October 6th and November 17th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Appreciation

Mr. R. G. Beard

It seems only yesterday that Randolph Beard was appointed as Consultant Surgeon to Guy's Hospital in succession to the late Mr. Grant Massie. Now we are bidding him farewell from the staff. For 25 years he has served the Hospital and Medical School with enthusiasm and good humour. If ever he was needed, he could always be relied upon to be where he was supposed to be. Like Mr. S. H. Wass, his mentor, he would always be early for everything he did, his outpatient clinics, his operating lists and his teaching sessions. He enjoyed his work and put great energy and enthusiasm into it all.

His surgical technique was modelled on that of Mr. Grant Massie and Mr. S. H. Wass, both of whom he greatly admired. They had been impressed with him as a house surgeon and a registrar and, although much younger of course, he had a close and understanding rapport with them. However, even they were sometimes surprised by the speed with which the operations were concluded.

He was always courteous and polite in theatre, even when on occasions the service in some hospitals was not what it should have been, or even frankly "DIY". Wherever it was, he could always be trusted to make the best of it.

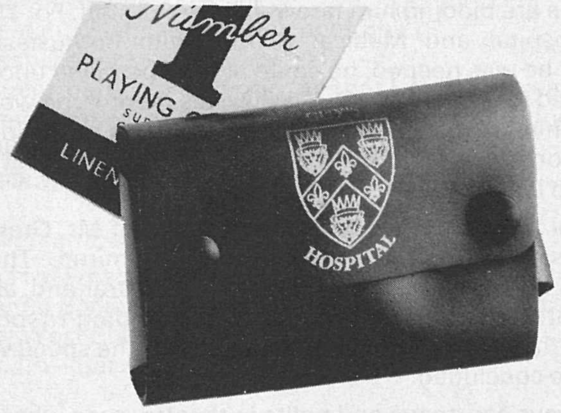
In the immediate post-War period, the usual way to achieve a Registrar post at Guy's was through an apprenticeship at Putney Hospital. It was as an RSO at Putney that he was called up for active service in Suez in the mid-1950's and then returned to Putney after the military activities subsided. From there he went to Guy's and was appointed to the staff in 1959 to St. Olave's and Guy's Hospital.

Perhaps what he enjoyed most was the teaching of medical students. He was always gentle with them and was keen on them having a thorough grasp not only of clinical surgery, but also of basic anatomy. He served as Chairman of the Clubs Union Council and was meticulous in his contributions to that field. The only activity he did not enjoy at Guy's was the medical committee work and this can be readily understood. He would complain of the ineffectiveness of so much committee work and preferred his group psychotherapy under more pleasant surroundings. However, he did take his turn as Chairman of the Surgical Division in the old "cog-wheel" system.

He was essentially a family man and even in his busiest days, living in at Guy's and Putney, kept in very close contact with his large and happy family. Mary his wife was a tremendous support throughout the whole of his professional career. We join in wishing them both a long and happy retirement and hope to see him around for many years to come.

I. McC.

Guy's Hospital Gazette



Playing Cards in Blue Leather Case with Guy's Gold Crest, available only from the *Gazette.*

Cost £3.75 (incl. p & p)

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Playing Cards and Cases at £3.75 each

I enclose a remittance of £.................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday — Friday 9 a.m. — 3 p.m.

The resigning editor before joining and after leaving the Gazette

Thomas Brink

Tom Brink came to Guy's from Magdalen College School, Oxford in 1982 to study dentistry. He joined the *Gazette* staff as a News Editor in May 1984 and was appointed Editor in April this year.

One of the more demanding tasks of being Editor of this organ is that of concocting each month the page or so constituting *Passim.* Tom was lucky enough to be one of those editors for whom writer's "block" did not appear to exist. However, not for this alone will he be sorely missed in the *Gazette* office. That he had a way with words will not have been lost on you, but also his flair for design, as seen in the front covers and photo collages that previous editors and his assistants failed to veto, were all examples of the enthusiasm he showed.

Quite how he has had any time to do any dentistry is a puzzle, since he is generally out leading a pitch up the North Face of the Eiger with the Mountaineering Club, captaining the Cricket 1st XI, playing hockey, acting, as well as working on the *Gazette.* He now leaves the *Gazette* to do some dentistry before finals in November. We wish him the best of luck.

N.P.

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Clubs' Union News

I take great pleasure in welcoming the Freshers and Oxbridge clinical students once again. At first the complex and bewildering geography of the hospital and medical school will no doubt seem a little daunting, but you will soon discover that some order does exist and all the buildings do have a purpose.

Likewise the Clubs' Union and all its constituent clubs will appear a little complex, leaving you wondering which, if any, of the many clubs to join. However, by participating in at least one club and supporting the Union Events, you will very quickly feel you really belong. The Clubs' Union can only be as active as its members!

Many of you will be living away from home for the first time. Some may have no accommodation and be sleeping on people's floors or in lonely bedsits. Learning to work unsupervised and coping with the impersonal lecture theatre environment will be new and for many quite unsettling. Last but not least you have to try to fit in, make friends and become a part of this enormous hospital. It is an important part of the Clubs' Union's role to help the Freshers cope with these problems. Naturally the first week is full of entertainments and activities and the bleary eyes at 9.30 lectures are tell-tale signs of many hours determined revelling. And so most people experience their start at Guy's through an alcoholic haze, never looking back! Not everyone finds it easy to mix in though. To try to help you to settle in, we have allocated to each Fresher a "parent" of the opposite sex, from the second year. These parents will hopefully act as a source of information, experience, party venues and drinks as well as providing a friendly ear.

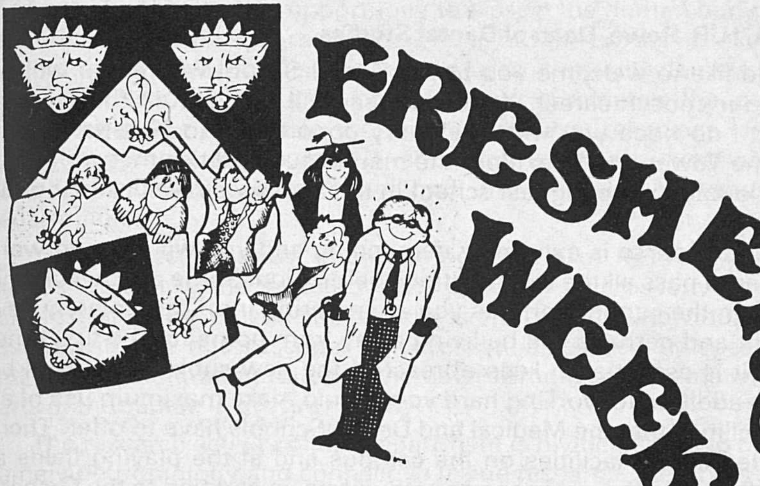
Gerry Skailes
President

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY
Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special *Cabinets, Air-Conditioning, etc.*

Freshers' Section



Introduction by the Deans

Professor T. J. H. Clark, Dean of Medical Students

I am delighted to welcome you to Guy's, which is part of the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals (UMDS). The union between our two schools and between the Guy's Dental School and the Royal Dental has been a great success and has been augmented by the arrival of the Institute of Dermatology on the St. Thomas's campus to complete a formidable new medical and dental school within the University of London. Our total annual income now exceeds £13 million and the high reputation and entrepreneurial flair of our staff raised an additional £6 million last year for research. You will therefore be joining a very active University institution which is combined with a hospital of great renown and tradition. Although the hospital is under tremendous financial pressure at the moment, we have great hopes for the future as it now looks likely that we can continue the re-building process which stopped some 10 years ago when the Tower Block was completed. We are hoping to replace the medical wards and out-patients as well as upgrade many of our other facilities with a new building which gives us great hope for the future. The recent status of University hospital accorded to Lewisham Hospital and its rebuilding mean that we will have two excellent hospitals within our district for medical and dental education. Both Guy's and Lewisham hospitals will work together as equal partners in the Guy's side of UMDS and their rebuilding should be complete early in the next decade.

In addition to these promising developments here at Guy's, medicine and dentistry as a whole are making great advances scientifically and the rate of change is increasing. This means that your period of education at Guy's is of great importance to equip you for this change and for future and unforeseen developments. I am sure you will all meet these challenges and join with us in helping to shape the future.

Professor A. H. R. Rowe, Dean of Dental Studies

I should like to welcome you to the Dental School where you will be pursuing your chosen career. Your first year will be spent in the Medical School, but I do hope you will take every opportunity to visit the Dental School in the Tower and to explore the marvellous facilities that we enjoy. We are undoubtedly the highest school in the country as well as being the largest.

The Dental course is extremely demanding and you will have to work hard in order to pass all the examinations before you. Some of you will find this difficult in the coming term as you are entering into a completely new environment and perhaps will be living away from home for the first time. Remember it is essential to keep abreast of the new subjects you will be studying. In addition to working hard you should make maximum use of all the other facilities that the Medical and Dental Schools have to offer. There are unrivalled sports facilities on the campus and at the playing fields at Honor Oak Park. For the water sports enthusiasts, in addition to the Orchard Lisle Swimming Pool, there are the Boat Club, Sailing Club and Wind Surfing Club available. You are automatically members of all these organisations.

I would draw your attention to the activities of the Dental Society. Meetings are held at intervals of approximately a fortnight and cover a wide variety of subjects of general interest. Two meetings are usually devoted to student elective reports where senior students relate their experiences gained from many parts of the world. This will whet your appetite for planning an elective period in the future. The Dental Society meetings are often followed by a buffet supper where you will have the opportunity of meeting your fellow students and members of staff. Do come and enjoy these meetings.

You are joining a very large community and will find that, wherever you travel in the future, there are groups of doctors, dentists, nurses, physiotherapists, etc. who have trained at Guy's and I hope you will soon feel that you "belong" and will have a happy and rewarding time during your student days.

Do remember that if you want to discuss any matter with me I am available in my office in the Medical School.

Anatomy

Professor M. Berry, Department of Anatomy

Macroscopic and microscopic anatomy, embryology and neuroanatomy are taught to both medical and dental students. Practical classes, tutorials and lectures are given throughout the two preclinical years. Medical students at both St. Thomas's and Guy's receive the same curriculum and sit identical examinations. Special dental anatomy is an additional course exclusively taught to dental students at Guy's. In gross anatomy, the emphasis is placed on learning anatomy by dissection of the human body. This is because functional significance and three dimensional relationships are best understood from studying structures *in situ*. All students should take this opportunity to dissect the human body. The mass of information to be absorbed is daunting, but the burden is less arduous if students are able to visualise structures through demonstration by dissection. Modern anatomy courses have eliminated the detail which characterised the subject in the past. Nowadays, relevance is judged by scientific or educational criteria and according to clinical significance. Where possible the courses in anatomy are integrated with those of other departments.

Microscopic anatomy is taught by means of lectures and practical classes in which the histology and electron microscopy of tissues is demonstrated by closed-circuit television and by individually viewing tissues with the miscroscope. Embryology is covered by special lectures and also by integrating much of the development of systems with relevant parts of the course in gross anatomy.

The research activity of the department is divided into two broad areas, namely neurobiology and connective tissue research. Members of staff are actively involved in projects relating to bone growth and healing, processes of soft tissue wound repair, documentation of the development of bone lesions in arthritis, dental evolution, developmental neurobiology, response of the nervous system to injury and immunology of the brain. Students have an opportunity to join these research teams for project work during a one year Hons. BSc course which is intercalated between the end of Pt. II B.M.S. and the beginning of the clinical course. The B.Sc. course is composed of three course units, one of which is a research project in an area complementary to the other two. The U.M.D.S. Anatomy department offers course units, consisting of tutorial and practical work, in Developmental Neurobiology (Guy's), Biology of Connective Tissue (Guy's), Cell Biology (St. Thomas's) and Primate Evolution (St. Thomas's). The project work is examined by thesis and the course work (two course units of your choice) assessed by examination.

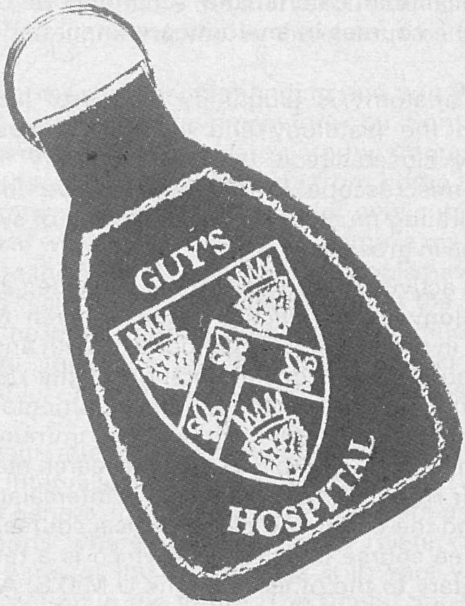
Clinical Medicine

Dr. John Rees, Clinical Tutor

At Guy's we have introduced a clinical element into the first two years of the course. In the first year the major component is a clinical demonstration every Friday afternoon. Clinical topics are introduced, usually with suitable patients present, and the relevance of Basic Medical Sciences to the clinical condition is emphasised.

In the second year you will learn the techniques of history taking and examination with plenty of opportunity to "get your hands on" patients in small teaching groups. A good examination technique built up during this year will leave you well placed to get the best value from your first clinical firms and the rest of your clinical career.

Guy's Hospital
Key Rings



High quality key rings in blue
with gold motif

Available only through the Gazette

Cost 60p each (+ 10p p. & p.)

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

Physiology

Professor I. Macdonald, Department of Physiology

The Oxford English Dictionary defines Physiology as "The science of the normal functions and phenomena of living things" and in this department man is the living thing of prime interest. The practical classes are almost entirely devoted to studies on man. However physiology is also a science, so the teaching for both medical and dental students is not only directed towards learning how the body functions, but it also considers the science which provides evidence for this knowledge, so that the tutorials are concerned with assessing data taken from published scientific papers.

Two lectures are given weekly and these enable the student to learn which sections of the textbooks are considered to be important and to help with those aspects which are difficult to follow and also to up-date the contents of the textbooks. The importance of physiology in medicine is pointed out in lectures, given during the course, by practising clinicians.

For the bright student who wishes to study the more scientific and critical role of physiology an honours B.Sc. is available, lasting for a year after the B.M.S. course.

All members of the department are active in research in fields which range from studies of nutrition to the growth of the incisor tooth and from the kidney to exercise.

Biochemistry

Professor A. T. Diplock, Department of Biochemistry

The curriculum in biochemistry at Guy's for both medical and dental students is designed to emphasise, from the outset, the clinical relevance of the subject. We are not concerned with teaching biochemistry as a pure scientific discipline, the relationship of which to medicine or dentistry is remote and obscure. Rather, since disordered metabolic events lie at the root of most abnormalities of function that manifest themselves as disease, we are concerned with giving students a good grounding in the basics of biochemistry in the context of abnormalities that may be seen as disease states in the clinic. The student may, at first, be rather bewildered by an apparently indigestible array of chemical reactions, but experience has shown us that, after a short time, patterns begin to emerge which gradually coalesce into an integrated picture of metabolic events. It is this integrated picture that is our goal, so that, at the end of the course, the student carries on to his or her clinical studies with a clear overall conception of metabolic events, without undue emphasis on detail which may obscure the overview which is our objective.

Those students who wish to study biochemistry in more depth may have the opportunity of intercalating a further year of study between the Part II B.M.S. examination and the clinical course, financed by the Medical Research Council. This year leads to an examination in basic medical sciences and biochemistry for the B.Sc. degree. The course consists of lectures which are shared with students from most of the other medical schools in London, given by teachers from many parts of the University who are experts in the field of their lectures. Secondly, there is a practical course and, in the Spring term, a practical project is undertaken in which students have the opportunity of familiarising themselves with a research project that is under way in the Department and of undertaking a related small research project themselves, which is written up as a dissertation and forms part of the degree examination. Following the union of Guy's with St. Thomas's, the B.Sc. course is now being run in collaboration with the Department of Biochemistry at St. Thomas's and, for the practicals, tutorials and seminars, students will spend part of their time at Guy's and part at St. Thomas's.

Psychology

Dr. J. Weinman, Senior Lecturer in Psychology

In recent years there has been a major growth of interest in psychological aspects of health and illness. This interest is reflected not only in the proliferation of research, but also at a practical level with the development of new clinical approaches and interventions. Whereas, in the past, psychologists tended to confine their clinical interests to psychological problems, these recent clinical and research developments have been in the area of physical illness. Thus there is an impressive emerging literature on the importance of psychological factors in the cause, process and outcome of many physical illnesses.

In addition to presenting an outline of these developments in "health psychology", the BMS psychology course also provides an account of "normal" behaviour, its development and its biological and social basis. For interested students, there is also a lively and popular intercalated B.Sc. course which is shared with a number of other London Medical Schools.

Sociology

Dr. D. Armstrong, Unit of Sociology as applied to Medicine

A course in sociology as applied to medicine is taught to medical students at Guy's in the sixth preclinical term. The course is primarily intended to introduce students to the social dimensions of health and illness. Specific subjects include the role of social factors in the aetiology of disease, patients' response to illness, and the effect this has on their recovery. In addition students are introduced to the organisation of health care in this country together with current issues and problems in health policy.

A much shorter course covering similar areas is provided for dental students in their first clinical year.

An intercalated BSc course in medical sociology is available on an intercollegiate basis for students in their third year at Guy's.

Pharmacology

Professor R. Spector, Pharmacology Department

One of the greatest pleasures in being associated with medical pharmacology at the UMDS is that contact first made with students during the earliest days of the course continues through the clinical period. This means that the staff of the pharmacology department work in close association with (and receive academic stimulus from) our pre-clinical and clinical colleagues.

An important advantage in teaching pharmacology from the beginning of the course is that the students are immediately dealing with chemical agents which are used in the treatment of patients. The actions of such drugs can in many instances be linked with molecular events in the cell or with more gross biochemical and physiological changes. Such possibilities for inter-subject integration provide a challenge for both students and academic staff.

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

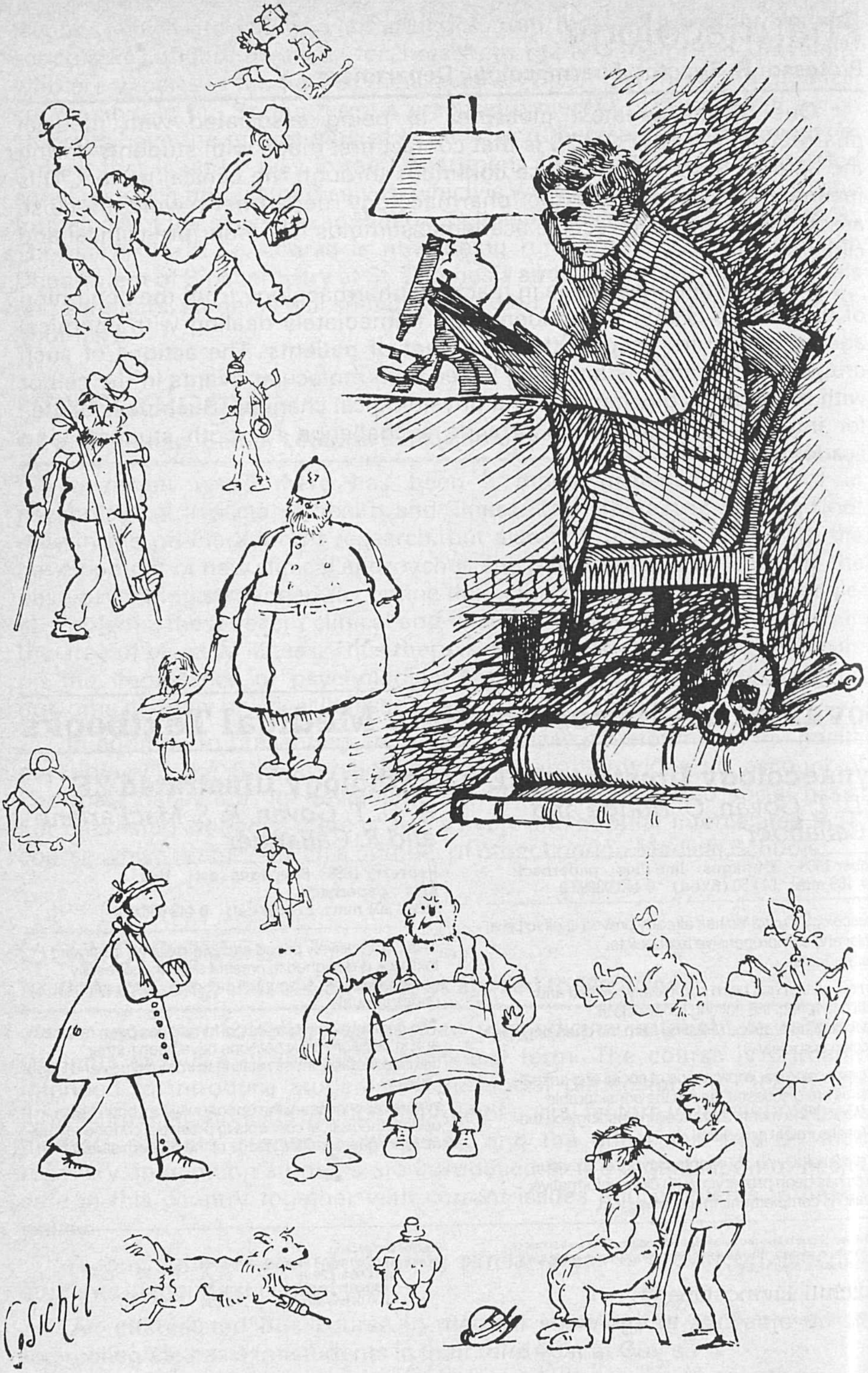
Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

for orders £ 5.00 to £14.99 please add	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60


G. Sichtl

Types of Medical Students

1. The First Year's Man

(From *The Guyoscope* of May, 1897)

The First Year's Man is the most important man in the hospital. At least, he thinks so himself and we are bound to believe him. He is an interesting study, he is so full of good resolutions; and people with good resolutions are always interesting. He enters the school with the fixed determination to work hard and to pass every exam without being once referred in any subject. He makes up his mind to take a leading part in all forms of sport and thus shed additional lustre on the name of Guy's. He intends to read a paper at the Physical Society, to speak at the Debating Society, to take part in the "Smokers," and write to the *Gazette*. Time generally modifies these resolutions, as many of us have reason to know.

In the hospital the First Year's Man may be known by the number of books he always carries about with him. He never seems quite happy without an armful, and considers it quite beneath his dignity and position to go about empty-handed. Gray is his favourite on account of its substantial bulk, and a Gray, I have heard, is calculated to give, even to the most careless and ignorant, a serious and learned air.

In lectures he is known by his copious note-taking. He seems to live to take notes. After a few months he has books full of them which he never reads, and which perhaps eventually serve a useful purpose in helping his landlady to light her fires.

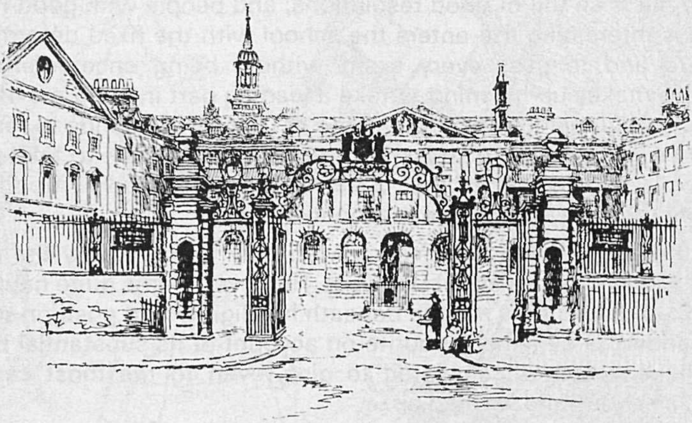
Sooner or later he will recognise the fact that there are in the hospital men who are,both older and wiser than himself. This startles him at first and possibly saddens him for a time, but he generally learns in the end to accept the inevitable with a heroic resignation.

The First Year's Man serves a useful purpose in that he gives to the Second Year's Man an immense feeling of superiority, which the latter makes no attempt to conceal. When he gets into his third year and attains (or should attain) to the responsible and all-important position of ward-clerk, he in his turn will feel that pity and wholesome contempt which every senior man is expected to have for the First Year's Man.

Nothing pleases a man in his first year more than a noise, especially if he is the cause of it. His greetings to the lecturers, and the inordinate delight he evinces at the most trivial incident during their lectures testify to this; sometimes, indeed, his appreciation and his light-heartedness (no, not light-headedness, Mr. Printer!) prove too much for him, and he is apt to become a veritable nuisance.

It's a pleasant time too – the first year. It's a time of so many opportunities, and so many hopes and anticipations; a time so free from worries and cares. How many of us are there, I wonder, who would not gladly seize the chance of beginning our career again and making a fresh start; how many of us who would not delight in being First Year's Man once more!

Guy's Notelets



Guy's Hospital Main Entrance.

These high quality notelets, in sets of five, bear this period pen and ink design in black.

We are able to sell these for just £1.00 the set (p. & p. free).

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

Dr. James "Miranda" Barry 1795–1865 Inspector General of Hospitals Army Medical Department

by Lt. Col. R. C. Francis

This is an account of an officer in the Army Medical Department, who reached high rank after a successful, albeit stormy, professional life whose sex at death was revealed to be that of a woman.

There is still controversy about "her" exact sex but there does seem to be fairly definite proof from various personal accounts and records that Dr. Barry managed, for 70-odd years, to conceal "her" true sex from close acquaintances and the Army Medical Department (A.M.D.).

I will use the pronoun "she" throughout this article, as evidence points more to her being a female rather than a "feminine" male or an hermaphrodite.

Her date of birth is questionable. Little is know of her place of birth or of her parents but one aspect which recurs throughout reports is that she had aristocratic connections, which would explain the power she had over senior officers. Whether this connection was legitimate or illegitimate cannot be proved, though possibly the latter and of a fairly high relationship.

We know she trained at Edinburgh, qualifying in 1812 – fairly young. To avoid detection she apprenticed herself to doctors in Edinburgh, living in their homes as a well-off student would do and "walking" the hospitals. She thus avoided contact with the male medical students who, in those days (as depicted by Dickens), were licentious, hard-drinking rowdies!

Barry elected to join the A.M.D. as an Assistant Surgeon in July 1813; rumour being that she fell in love with a fellow student also in the Army, whose name is unknown, and who may have "ditched" her or been killed in battle. We know that at her death, there was evidence that she had been pregnant. Could it be that her blighted love for a fellow officer, with, perhaps his child, (we have no details as to whether this infant survived) changed her from a kindly feminine person into a bitter and frustrated woman who was determined to get her own back on the opposite sex? This attitude is verified in reports of her behaviour towards fellow officers of junior and senior rank during her service career.

Barry's next hurdle was how to avoid the medical examination for entry to the A.M.D. This, she ingeniously negotiated by presenting herself for examination to two distinguished Harley Street Consultants – Sir John Dosing, Physician and Sir James Cutting, a Surgeon – appropriate! To do this, she had to have a letter of introduction which was signed by a person of high position. It would be fascinating to know who signed this letter; it may have thrown light on her antecedants.

Having duly been passed fit for service by these two eminent doctors (who only performed a perfunctory examination), Barry presented herself at Fort Pitt in Chatham before an Army Medical Board. By chance the Surgeon-General, President of the Medical Board, had a letter of introduction from the Director-General of the Army Medical Services requesting that the medical formalities were kept to a minimum! Barry was accepted as a Hospital Assistant without having had to remove any clothing. One of the many instances in Barry's career of influence in "high" places!

Between 1813 and 1815, Barry was posted to the Cape of Good Hope as Assistant Surgeon; information of how she spent these three years is lacking. It is possible that she fulfilled various hospital appointments, possibly at Guy's; as we will see later she was extremely proficient in obstetrics and gynaecology and may well have held appointments in this discipline in civilian hospitals.

On arriving at the Cape Garrison, having travelled by private packet steamer (thus avoiding the necessity of sharing a cabin in a troopship), she reported to the Senior Medical Officer, Surgeon Major McNab, who expected her to be appointed to his staff at the Military Hospital. However, again an official letter produced by Barry, resulted in her appointment as Staff-Surgeon to the Governor, Lord Charles Somerset. During this appointment she made an impact among Cape society, not only in her dress and manner but also as a highly respected physician and surgeon. Her expertise in obstetrics and gynaecology resulted in a large private practice, much to the antagonism of the local general practitioners. Barry also gained a reputation as a specialist in tropical medicine.

Barry was unpopular amongst her colleagues, being rank conscious and a martinet. She was however, conscientious in her treatment of patients of all social class and colour. She also behaved in a gallant way towards women, causing jealousy amongst husbands and boy friends. Barry had no male friends. Her quick temper and flirtatious manner resulted in a duel with a Captain Cloate, A.D.C. to the Governor, during which she sustained a thigh wound, her opponent was unscathed. Barry refused to allow her second, a fellow surgeon, to examine her wound, which healed apparently, with no ill effects.

Surgeon Major McNab wrote her annual confidential report, common to all officers. Barry took offence at his comments on her behaviour and general demeanor. Despite not having served her full seven years posting, Barry, defying all authority, sailed for the United Kingdom. On arriving at the War Office, instead of being court-martialled for deserting her post, (influence again) she was posted as Regimental Medical Officer to the 3rd West Indian Regiment in Freetown. Again, she made an impact, professionally and socially, amongst the ladies of the garrison and also with her Medical Officers, of whom she demanded exacting standards, or instant dismissal.

As Principal Medical Officer, she regularly inspected medical units of the colony, carrying out her duties meticulously, always showing a keen interest in the troops' welfare, rations and treatment. She conducted searching ward rounds, gaining a grudging respect from fellow medical officers.

Whilst in Georgetown, she controlled an epidemic of yellow fever, treating members of the garrison and the local population with equal skill. After the epidemic was over, Barry made it quite obvious that she was bored with her posting. Against orders, she sailed for the United Kingdom. On arrival once again, no disciplinary action was taken against her.

Information about her further career is sparse but Barry became Deputy Inspector of Hospitals in 1851, and was promoted to Inspector General of Hospitals in 1858 – a post she held until being retired on half pay in 1859. Barry lived in London with her coloured servant, who had served her as batman and valet throughout her service career.

At the age of seventy, she died on July 19th 1865, at 14 Margaret Street, London, being attended possibly by a nurse (a Mrs "Gamp") and her faithful servant. Did he know her true sex? As the nurse prepared the body, it was then that her sex was revealed. The Horse Guards were notified and a Guards surgeon verified that the late Inspector General was a woman. One can imagine the consternation at A.M.D. and the embarrassment of senior officers who had been hoodwinked during her service career.

In modern terminology, a "D" notice was immediately placed on the whole scandal. This would account for the quiet burial in Kensal Green cemetery and the lack of publicity. What a press scoop it would have made, especially in 1865! If it had reached the ears of the reigning monarch at that time, she definitely "would not have been amused!"

Acknowledgements

I am indebted to Lt. Colonel (Retd.) R. Eyeions O.B.E., the curator and Secretary of the R.A.M.C. Historical Museum, Keogh Barracks, Aldershot, for his invaluable assistance in the preparation of this account of Dr. James Barry.

Guy's Hospital Gazette

IMPORTANT NOTICE TO ALL SUBSCRIBERS

In December 1985 our readers were advised of an increase in the subscription rate, to take effect for 1986. The increased rates are as follows:

Normal subscription - £10.00 per annum
Retired subscribers - £5.00 per annum

The *Gazette* would be most grateful if readers would bear this increase in mind when returning their bankers order form.

Existing subscribers due for renewal in October/November, please amend your bankers/order form accordingly.

THANK YOU FOR YOUR CO-OPERATION

Research at Guy's

Research Work in Microbiology on the Guy's Campus

The UMDS Division of Microbiology includes what used to be the Department of Microbiology at Guy's, the Departments of Virology and of Bacteriology at St. Thomas', and the Bacteriology section of the Institute of Dermatology. This is a short survey of the research work going on in the Guy's Microbiology laboratories. As can be seen, we study problems at a basic laboratory level, but nearly all these studies have clinical relevance. We have an academic staff of 4, plus 13 other technical and grant-supported workers, and last year the grants we held (M.R.C., C.R.C., etc.) totalled £490,000.

Viruses and the Immune System – Professor Mims' group

When cytomegalovirus infects pregnant women, it can spread to the fetus and interfere with brain development, and this virus is the commonest infectious cause of mental retardation in the U.K. Cytomegalovirus is also a major source of trouble in patients receiving kidney transplants, not only causing illness but also precipitating transplant rejection. We know that after initial infection the virus persists in the body, generally for life, in spite of immune responses, and can reactivate during pregnancy or after the immunosuppressive therapy that goes with organ transplantation.

Its interaction with the immune system is therefore of fundamental importance. We conveniently study it using the type of cytomegalovirus which infects laboratory mice. We have shown that the virus causes antigen-specific suppression of delayed hypersensitivity immune responses, and that the immuno-suppression seen during acute infection is associated with failure of immune cells to produce interleuken–2 (T cell growth factor). The nature of this defect is being explored, and we are also attempting to identify the type of cell in which the virus persists, and seeing whether the virus can be provoked into activity when the latently infected cell undergoes differentiation.

Studies of the interaction of viruses with the immune system received a tremendous stimulus with the appearance of the highly immunosuppressive virus that causes AIDS. Our own studies were unexpectedly illuminated when we discovered that Class II histocompatibility antigens, present only on antigen-presenting cells, acted as receptors for LDH virus, a common infection in mice. The virus can therefore only attach to and infect antigen-presenting cells, a feature that explains the marked immunosuppression that has long been known to occur in this virus infection.

Papillomaviruses and Genital Cancers – Dr. McCance's group

Human Papillomaviruses (HPV) are a group of DNA tumour viruses which are popularly known to cause common hand warts and verrucas. However, other members of the group cause genital warts and are associated with premalignant and malignant disease of the uterine cervix and penis. HPV cannot be propagated *in vitro* and so all of the research on the association between HPV types and genital cancers and *in vitro* investigations on their ability to transform cells has to be carried out using genetic engineering. We and others have shown that one particular HPV, type 16, is found in 70% of premalignant lesions of the cervix and in 85% of malignant disease. In addition we have transformed cells *in vitro* and so now have a model to study cell-virus interactions.

Interferon and Cell Growth Regulation – Dr. Mallucci's group

Interferon is the main interest in Dr. Mallucci's laboratory. Two aspects are being investigated. The antiviral effect and the growth regulatory – growth inhibitory effect. In relation to viral infections, the new information which has come to light concerns the ability of the cell to respond differently both to viruses and to interferon treatment in relation to their growth state. At clinical level these studies may offer guidance in the management of different organs and tissues infected by viruses. Studies on cell replication have shown that interferon is one of several growth regulators and suggest that the association of interferon with other cell-produced growth inhibitors (one of which has recently been isolated in Dr. Mallucci's laboratory) can offer new means of tackling the problem of tumour control.

Antibiotic Resistance in Staphylococci – Dr. Susan Poston's group

Staphylococcus aureus is responsible for a number of pyogenic infections including wound infections in hospitalised patients which can lead to more serious infection including septicaemia. The coagulase-negative staphylococcus, *S. epidermidis,* is more likely to be found colonising prostheses which may lead to low grade infection. Septicaemia with this organism also occurs. Although less pathogenic than *S. aureus, S. epidermidis* is more likely to be antibiotic resistant.

Recently there has been a marked increase in the range of antibiotics to which *S. aureus* is resistant including the aminoglycoside gentamicin and the beta-lactamase resistant penicillins such as flucloxacillin. Because methicillin is used in the Clinical Laboratory to test for resistance to the beta-lactamase resistant penicillins, the strains of *S. aureus* have been called MRSA (methicillin resistant *S. aureus*). As with other bacteria, antibiotic resistance is often plasmid mediated, but in MRSA's these strains have an unusual tendency to carry resistance genes on the bacterial chromosome.

We are studying the genetic basis of methicillin and penicillin resistance in *S. epidermidis* and *S. aureus* to establish the way in which resistance genes are acquired, using techniques for gene transfer such as transduction and plasmid DNA analysis. This information may also contribute to an understanding of the spread of resistance genes in these organisms.

Anatomy – Analysis and Synthesis
Part 2

by Roger Warwick

This article was a lecture given at "The Seventh European Anatomical Congress" in Innsbruck, Austria, 1984. It was published in Acta anatomica *(1986)* ***126****, 136–140.*

At the opposite end of the scale of nature, investigation of matter's minute structure, whether it be continuous or atomic, has occupied many thinkers, observers and experimenters for millennia. Early atomic theorisation in China, India and Arabia was purely speculative. The ancient Greek atomists, Leukippos, Demokritos and Epikuros also reasoned without facts. Greek concepts of mathematics as the acme of science, rather than a technique, worked against atomism, since Platonic mathematics concerned itself only with continuous objects. Centuries later the Latin poet-philosopher, Lucretius, resusciated Epicurean atomism; he even regarded the drying of clothes as due to rapid atomic movement! But early Christian authority considered him an atheist and could not or would not equate atomism with Creation.

The long night of prejudice lasted until the Renaissance. Curiously, Descartes, another mathematician, was one of the first in modern times to rescue atomism, in a great attempt to synthesise all physical and biological science, and even theology! Boyle and Newton were also atomists; Boyle was a notable experimenter in physics and chemistry, and Newton even prophetically suggested an atomic name for light! But these were largely beliefs, not proofs. However, during the late 18th and 19th centuries, Higgins, Avogadro and many others, especially Lavoisier and Dalton, together brought about a great synthesis between chemical activity and atomic structure. Dalton's laws of constant and multiple proportions led directly to modern interpretation of the atom. By about 1850 Newland's Law of Octaves and Mendeleyev's Periodic Table had arrived; and around 1858 von Helmholtz and Lord Kelvin were creating the mathematics of vortex rings to explain atomic forces. In 1897 Thomson had identified electrons as the cathode rays formed by electrical discharge in vacuum tubes, which had already attracted Faraday, Pluckner, and Crookes. Roentgen soon used the rays to bombard targets, producing X-rays. Meanwhile Becquerel and the Curies were discovering radioactivity, indicating the instability of the atoms of some elements. All these so-called invisible rays were the essential ingredients for the great synthesis about to be made by Rutherford and his brilliant group of assistants in Montreal, Manchester and Cambridge. These included Geiger (of the counter), Wilson (of the cloud chamber), Chadwick (discoverer of the neutron), the Braggs (of X-ray crystallography), Aston (of mass spectrography and isotopes), and, of course, Bohr, responsible with Rutherford for the basic atomic structure. Fourteen of Rutherford's collaborators received Nobel prizes. This great period of synthesis led on to cyclotrons, synchrotrons and the like, and, alas! to the nuclear bomb. The experimenters were complemented by brilliant mathematicians, Dirac, Schrodinger, Planck, Louis de Broglie and Heisenberg, in perhaps the most fertile and significant synthesis of human genius so far. It continues today.

We who work in the biological field are more familiar with Darwin and Wallace in their doctrine of evolution. They also had their forerunners, such as Hooke, John Ray, and especially Buffon, Erasmus Darwin and Lamarck. Of course, all these minds had already been freed from the shackles of spontaneous generation and special creation by Harvey, de Graaf, and von Baer, *who revealed the mammalian ovum, and Spallanzani, who showed* that spermotozoa were essential to fertilization. Pasteur's final confirmation of Harvey's *Ex ovo omnia* came hot on the heels of the *Origin of Species*.

The concept of evolution, in which Darwin brought together the less complete conclusions of many other minds, was immensely productive. It confirmed the systematics of Linnaeus and Cuvier, according with much of the data of embryogenesis, and turned men's minds to the problems of heredity. Mendel's experiments were already begun; those of Vries and Morgan would soon follow; and with a growing impetus the science of genetics emerged, advancing through chromosomes to DNA and genetic engineering. Elucidation of the helical structure of DNA by Crick and Watson in 1953, one of the greatest events in the entire history of biology, was largely a synthesis of the data and views of others, especially Wilkins and Pauling and their assistants. But the story of DNA began as early as 1869, when Miescher discovered what he called "nuclein" in pus cells. This attracted little interest until Avery, in 1944, ascribed the expression of genetic transfer to chromosomal DNA. This stimulated a flood of experimentation, depending greatly on synthesis of results from X-ray crystallography, column chromatography and so on. It also led to parallel investigations into the nature of other macromolecules, such as myoglobulin. In what some regard as the most remarkable synthesis in science, physics, chemistry, genetics, virology and bacteriology were all drawn together in the search for protein structures. And this synthesis, in the hands of subsequent researchers, too numerous to name here, is continuing unabated. Indeed, the proliferation of reports is daily producing an unprecedented mass of new data currently beyond assimilation in a single human mind. Yet further synthesis must come if we are to have comprehensible concepts.

Obviously, within so short a time my argument must be too simplified. As Hippocrates is reputed to have said: "Life is short, the work is long". One may add that our earth is thousands of millions of years old, that our magnificent telescopes can venture far, far indeed, beyond our tiny "space probes". Alas, the biblical norm of 70 years severely limits personal opportunities in time and space. But even in one short human existence, some progress towards a synthesised comprehension of the universe around us is not only possible, but desirable and inspiring, a source of greater content and happiness than our present materialism, whether capitalist or communist, can provide. Without any real wealth, as long as we have food, shelter, health, peace and a little leisure, we can be totally free; our thoughts can fly incomparably beyond the local trips of any so-called "space vehicle". We can gaze at the galaxy in Andromeda, knowing that the light reaching our eyes left this nearest of galaxies when *Homo habilis* lived in East Africa, about 2 million years ago. Our rockets may never make such voyages. Anyway, communication over such vast spaces is improbable, perhaps impossible, even should our species persist for another 4 million years to exchange messages with anything as near as Andromeda. But this is a mere beginning: radioastronomers tell us of galaxies 10000 times more distant, and surely beyond all communication, though not beyond our thoughts and knowledge. What a wonder is the human mind!

Like Aristotle we must redirect our thoughts and hopes to Mother Earth. Our space is here, the space or ether in which an immensity of wave-like particles form the varied substances and infinitely intricate patterns of our world; and this includes the human fabric, the analysis of which is our special concern. Though year by year we accumulate mountains of data, few of us pause to synthesise them into new concepts. But for what purpose is analysis, so persistently, even sometimes blindly, pursued, if not to try to understand our world and ourselves in all their wonders? Even though we are tied for evermore to Earth, or at most to a solar system which seems to have little else to offer, our minds are not so shackled, but are free to reach far into a universe which we can observe but never visit. At the other extreme, with a multitude of techniques, from microscopes to synchrotrons, our minds probe to the ultimate particles. Much between these two extremes we can correlate mathematically, much we can see and understand, and we can imagine the patterns of all things. Truly, the synthetic power of the human mind seems limitless; certainly it is our noblest faculty, never to be neglected. However far we analyse, we must then synthesise.

Obstetric Retrospect – A very personal recollection – Part 2

by Hujohn Ripman

One was expected as a Registrar to lay the foundation of one's private practice ready for the day when one became "an honorary" i.e. a Voluntary Hospital Consultant; unpaid. The paying element of this private practice was almost exclusively composed of impecunious pregnant ladies who could not afford the fees of one's bosses; the major element by far was composed of the wives of medicos of all ranks. When in 1948 the Health Scheme came in, the Registrar contract forbade private practice. I had, however, gathered around me sufficient students', housesurgeons' and registrars' wives for my four seniors to see themselves somewhat overburdened with this load if I was no longer in private practice catering for their needs; so against all the rules, my private practice continued. In 1950, I became a part-time consultant at St. Aflege's Hospital, Greenwich, and part-time assistant to the Director of the Department of Obstetrics at Guy's. On August 18th 1952 I took the post of Obstetrician and Gynaecologist to the East Suffolk and Ipswich Area. It was a blessedly happy move, and I never came to regret it or wish for anything better.

Prior to my arrival in Ipswich there had been one consultant obstetrician and gynaecologist, and one registrar. Therefore, I was not a replacement but an addition, and for a while nobody wanted to know. The in-post consultant was Ross Stansfield, and we covered each others holidays and sick leave, and were first on-call when the registrar had a weekend off or a holiday (he never took a day off), so we had our fair measure of operative obstetrics. Ross Stansfield was a very widely read man, of enormous experience and ability, and had a phenomenal capacity for hard work. His operating lists before my arrival started at 8.00 in the morning and would finish, not infrequently, at 2.00 in the morning the following day. He would travel as far as Yarmouth to the north and Clacton to the south to see patients. He had been a general practitioner as, of course, had most consultants on the staff of provincial hospitals before the Health Scheme came in. We got on well together and there was, in general, a very happy relationship between us and the general practitioners. There were one or two exceptions, real baddies, hostile to one's every suggestion. A good relationship was very important. We had about 50 beds and everyone stayed 10 days at least; consequently of every 100 women, 50 were confined at home, 25 in general practitioner maternity homes and only 25 in hospital. One would expect the admission on average of one failed forceps a week; indeed, when preparing a set of lectures for the newly created midwifery school here in 1955, I put down "Failed Forceps" as a specific topic for one of the lectures. There was no definitive flying squad – Stansfield or I or the registrar just flew, in our own cars. We took no anaesthetist. Some of the GP's gave very good chloroform and ether anaesthetics; some gave only moderate ones; and some would not give an anaesthetic at all. On those occasions, one would give chloroform by

Schimmelbusch mask oneself, to get the patient to sleep, then coax her to take the ether, then hand the mask over to the doctor or midwife, before moving down to the patient's lower end where, with the legs held in lithotomy position by any available help, or what was know as a Clover's Crutch, one would carry out such operative obstetric manoeuvre as the occasion demanded. Even now I can picture very clearly a midwife, half on and half off the other side of the bed, holding the Schimmelbusch mask over the patient's face with her right hand, and hanging on to the patient's left knee with her left hand, in order to help maintain the lithotomy positon. I can also remember an exceptionally good anaesthetic given by a general practitioner for an exceptionally difficuly delivery of a high occipito-posterior on a very low bed, in Stowmarket. But there were some hairy moments.

I was called from my herbaceous border on a Saturday afternoon one summer's day by a GP friend to a house just off the Norwich Road. After two straightforward confinements, the patient had been making awfully heavy weather of this her third. When after some pushing the baby had not appeared, the doctor had chloroformed the patient, handed over to the nurse and applied forceps, but the baby would not come; hence my summons.

When I arrived, I found the head was not engaged. The patient was still lightly anaesthetised so he deepened the anaesthetic and I defined that the brow was presenting. I corrected the brow to a face, pushed it into the pelvis, rotated to a mento-anterior, put on my forceps and pulled. It would not come. I re-examined the patient and found there was a contraction ring around the baby's neck with cervix hanging limp beneath it. I asked the doctor to put some amyl nitrate beneath the mask. He looked in his bag and then remembered that he had given his last two ampoules to a cardiac patient the day before. The midwife said that there was a chemist's shop at the corner of the street, and off she went to get some amyl nitrite. While she was gone I re-examined the patient, found no contraction ring, re-extended the head, engaged the face, re-applied the forceps and pulled again with great expectations. Again, no progress; again, a contraction ring. Back came the midwife, with a long face: the chemist had left a note on the door "Gone to Felixstowe for the day", so there was no option but to admit the patient. I rang my registrar, an able Guy's man, told him to give the amyl nitrite and deliver her; I returned to my herbaceous border. In due course I was called to the telephone. There was no problem in getting that baby's head to engage as a face, but neither amyl nitrite nor deep anaesthesia would relax the contraction ring which developed around the baby's neck whenever traction was put on the forceps. We embarked upon a Caesarian Section with great hopes of seeing as opposed to feeling, a contraction ring, but by the time we had entered the abdomen the ring had again disappeared. The case demonstrated well the association between mal-presentation and a badly polarised uterus or hypertonic inertia, and the association between the latter and a contraction ring. I am pleased to say that both the mother and the baby survived their experience unharmed.

Looking back it surprises me to realise how much of my early obstetrics was done outside hospital, particularly in private. I can remember very early on in London, a Saturday in which I had three patients in labour, one in St. John's Wood, one in Sloane Square and one at Guy's, and for the best part of 24 hours, my wife drove me round and round this triad of labouring ladies, with every now and again a stop-off for a bite of food until all three were delivered. I can also remember a horrendous 24 hours in March 1958. I was summoned one evening to a private patient in labour in her home eight miles West of Ipswich. She was an awkward girl who I had looked after through three previous labours, and she always insisted on pushing before she was fully dilated. While I was out there in the middle of the night, I received notice by telephone that a primigravida had started in labour 10 miles south of Ipswich, but I had employed for her a good monthly nurse who I knew well and things there remained under control until I had eventually got the first patient delivered. Thereupon I drove like a madman to the second. In the early hours and through the dawn, labour was slow, and when around midday she was fully dilated, the occipito-posterior was not deeply engaged. I chickened out, expecting a difficuly delivery, and arranged her admission to hospital in Ipswich. By then I had heard of the admission in labour of a third patient, an American lady, to the private wing on the other side of the town. This was not far out of my way between the southern lady's home and hospital, so I looked in on her and found her happy and in good order. The manual rotation and forceps was indeed difficult. It was 3.00 in the afternoon before I got to bed, having looked in on the American lady who was still happy and seemingly in no hurry. After an hour of blissful sleep I was summoned back to her for a straightforward delivery. The lady from the west had a fifth baby under my care, the lady from the south had two more, both induced and both spontaneous deliveries, and the American lady returned to America where she had no more babies. She visits us from time to time and sends us a card every Christmas. One might say there was never a dull moment.

One's memory does not deceive one. Much of the childbearing really was set in the domiciliary scene. Today something like 95% of the East Suffolk deliveries take place in hospital in Ipswich, but 30 years ago, as I have already pointed out, with the limited number of beds available and the length of the lying-in period (a standard 10 days), there was only hospital accommodation for one patient in four. Apart from some complicating illness, a bad obstetric history, or abnormality detected in pregnancy or labour, a hospital booking could only be obtained for really atrocious home circumstances, for a primigravida over 35, or anyone over 40, or for anyone having their fifth or later baby. Indeed, in the 1950s and early 1960s, multigravid breech deliveries took place at home. The change over the 30 years related not only to the place of confinement, but to the standard of antenatal care. When only one in four patients was booked for hospital delivery, less than one in four patients came under the consultant's eye at all during the antenatal period. Thirty and even 20 years ago there were many doctors still in active general practice who had passed through medical school before antenatal care had been introduced, so they had no training in it. Few hospital obstetric beds meant few house surgeon posts in obstetrics, and most doctors on entering general practice had no obstetric experience other than that acquired as students. They just had to do the best they could, learning by trial and error; quite often the latter. Mostly they sewed up perineal lacerations and they delivered with forceps when babies got stuck. However, a few GP's were very accomplished obstetricians, and a very few so slick that they delivered predominantly by forceps and regularly got home to dinner on time.

Some terrible things did happen. I never saw a breech baby born with forceps marks on its bottom, but perhaps you might shudder at the following story. I used to operate on Friday afternoons and I was scrubbing up to operate just before 2.00 p.m. one such day when an urgent call came to attend some third-stage difficulty in a GP maternity home. I jumped into the car and was there in no time. I entered the labour ward to be told that the lady, a 21-year old primipara (who was lying quietly, somewhat doped with chloroform) had a retained placenta. They had tried to deliver the placenta but had failed. "It seems to be stuck on the right anteriorly" said one of the two doctors in attendance. Now, it never crossed my mind that a family doctor in a GP maternity home would do a manual removal. Puerperal sepsis was still quite a problem and manual removal was regarded as a hazardous operation. I imagined that they had attempted to deliver the placenta by Crede's expression, although how they could form any judgement on where the retained placenta was attached was beyond me. I decided that I would do a manual removal, but as the patient had already been chloroformed once, I needed an ether anaesthetic. (In the days of chloroform it was well recognised that repeated or protracted chloroform anaesthetic led to liver damage.) The ether bottle was provided and, as all ether bottles did in those days, it had a glass cork. I tried to undo it, I tapped it, others tried and others tapped it, we even put it under the hot tap; no way could we release the glass cork from the one and only ether bottle. There was nothing for it but to take the patient up to the hospital and do a manual removal there. She was not bleeding. We set up a saline intravenous infusion, sent for an ambulance and transferred her.

She came straight to theatre, where she was given a general anaesthetic and I introduced my hand to do a manual removal. To my horror the light began to dawn. The cervix was shut and through the cervix came the umbilical cord. There was a gigantic hole behind the cervix in the posterior fornix affording my hand easy entry to the peritoneal cavity. That was where some other hand had been and it was not the placenta that was adherent on the right anteriorly in the uterus, it was the uterus that was attached on the right anteriorly to the patient's person, hanging on like grim death, against manual eventration. I extracted the placenta from the uterus and proceeded to laparotomy expecting to do a hysterectomy. There I found both ureters spared, both uterine arteries spared, with very little bleeding. I cobbled up the extensive upper rim of the vagina, shortened it with a running stitch pulled tight, stitched that to the back of the cervix, repaired a hole in the pelvic mesocolon and closed the abdomen. I did not believe in prophylactic antibiotics and the patient was given none. I felt she was a very lucky woman to have got away with her life, let alone her uterus, but she was discharged on the tenth day and subsequently had one miscarriage and two further babies spontaneously *per vaginam* under my care in hospital.

I have mentioned Crede's expression. This has long gone out of fashion, but was a well accepted and extremely useful manoeuvre when, because of the seriousness of intra- and post-partum sepsis, manual removal was a very dangerous procedure. In order to deliver the placenta from the uterus, one would rub up a contraction and grasp the uterus in one's palm, the four fingers of one's stronger hand infolding the abdominal wall to enable one to grip the uterus at the back, and with one's thumb grasping the uterus in front, would squeeze with all one's force, thus hopefully and frequently precipitating the placenta from the uterus into the vagina. (This was quite different from "fundal pressure", a bad procedure which plunged the uterus into the pelvis and increased the bleeding wihout delivering the placenta.) A woman would tolerate this procedure once without anaesthetic and, if that failed, twice with anaesthetic, but wise men never proceeded further because it produced profound shock.

Let us return to the general practitioner. With the advent of the National Health Service, a fee was offered for a doctor's assumption of responsibility for a pregnant woman. A full fee was paid for three antenatal visits and one postnatal, and an enhanced fee if the doctor appeared at any time during labour. This attracted them to the obstetric scene. There was quite a number of years in which the experienced and wise midwife was being elbowed out by far less experienced doctors. Things are very different today with so many general practitioners passing through an obstetric unit in organised or freelance vocational training programmes, on their way to general practice. Shared antenatal care has become a necessity. For the most part, it has been found a beneficial and harmonious arrangement.

What else has changed? The grand multip has disappeared, and with her a prolific source of maternal mortality and a whole host of maternal morbidities associated with a pendulous abdomen, a globular fibrous uterus, and exhausted aged, malnourished, motherhood, thanks to contraception, which, changing from coitus interruptus and safe period, through condom and diaphragm, to the pill and the coil and now, quite frequently, sterilisation, had become increasingly reliable. And yet sadly all too frequently, even now abortion is needed as long-stop; and all this to be had for free from the State.

Dysmaturity, growth retardation or the small-for-dates baby, has come to be recognised as a major obstetric problem. Even now it is frequently missed. Is there any wonder that before ultrasound it was mostly missed? Oestriols, ultrasound and CTG inform us when to induce, though advising us to do so too often – they and a defensive attitude. The neonatologists correct most of our mistakes. And there is another change – induction of labour. What a hazard this used to present; and how rarely we risked it. Thirty years ago, induction of labour so often meant membranes ruptured for days. To avoid that, we sometimes introduced foreign bodies into the uterus – laminaria tents, gum elastic bougies, stomach tubes and Charlotte's bags; but there was never any certainty of labour, and the hazards of infection with no antibiotics hung over us. However, caesarian section was hazardous too, and if a baby had to be delivered, the only alternative was induction of labour. The concept of a favourable cervix was a consequence of our agonising over our induction failures about 35 years ago. As a houseman and in my early years as a registrar, one either sectioned or one induced. The hazard of sepsis prohibited trial of induction, with resort to caesarian section in the event of failure. Nor did we have Pitocin to help us. Before the War, Pitocin was all culled from pituitary glands recovered at post mortem. It was highly contaminated with the other posterior lobe hormone (vasopressin) and could produce profound shock. It was not until after the War that it was synthesised and consequently became safe and reliable. Now, for induction of labour, even rupture of the membranes and Pitocin infusion seem mediaeval when so many labours can be started off with a Prostin pessary.

But to revert to Pitocin, it was not only its merit as an aid to induction of labour that so changed obstetric practice, but its use in labour as an influence in inertia. To be able to expedite labour has been enormous benefit to patients and babies, obstetricians and midwives alike. The first time I used Pitocin in labour (indeed, I believe, the first time it was used at Guy's) was on the instruction of John Blaikley in about 1948. The patient was very fat, she had been in labour for three days and was only three fingers dilated. An article had just been published in the *American Journal* indicating the benefits of Pitocin by intravenous infusion in such situations. I went to the library and looked it up; I did as the article bade me, and within three hours the patient was fully dilated and it was possible to deliver her. Fantastic! Sadly, the baby which had been alive when I had started my Pitocin drip was dead by the time I had finished it. Even in the 1950s Pitocin was seldom used and, when it was used, it was used in what I, anyhow, came to regard as homeopathic doses, and it wasn't very convincingly effective. Then we learnt to titrate increasing doses against the patient's contractions, very cautiously, and often fairly ineffectively, but by the late 1960s, Cardiff had invented a pump, and I had in my essential simplicity decided that manipulating the drip rate by a gate clip on the drip tube and counting the rate in the drip chamber was too laborious and too unreliable. It was easier to leave the drip rate to its own devices, more or less steady, and increase the concentration in the bottle by adding Pitocin from a syringe attached to it. The consequences were really staggering. One of the consultants in a nearby city once said "Pitocin by Ripman's drip has revolutionised our practice of obstetrics here". That was an exaggeration, but inertia had been the problem in so many labours, particularly labours where the disproportion had added an element of complication. It was regarded as bad obstetrics to section early, because section was not without hazard (and who was to know whether the section had been necessary). But if you left it too long, section ceased to be an option because, in the era before antibiotics and in the early days of antibiotics, a late section meant lethal sepsis. When I was a house surgeon, for example, one would never perform a caesarian section on a woman who had had more than two vaginal examinations, and under no circumstances on a woman who had had a vaginal examination outside hospital. But with this advent of titrated Pitocin, it became possible in most patients to induce such contractions as would enable one to pass judgment on the expectation of delivery *per vaginam* reasonably early, and before one had passed that point in time at which caesarian section became an unreasonable hazard. Many inert labours naturally commenced at home, and it became our advice in due course that no one should enter the second night at home in labour. That was the time for admission to hospital. Women came in in all degrees of dehydration, ketosis and exhaustion. It was remarkable how great a help to labour was the stability of the hospital environment with the anxious relatives removed or reassured, the correction of dehydration and ketosis and adequate sleep. Here again; what a change. I made only faint acquaintance with twilight sleep: morphia and hyoscine or Omnopon and Scopolamine – which basically equated agony forgotten with agony acceptable. I do remember morphia and heroin, and used them freely with little harm and much benefit; and in due course pethidine; another almost harmless Godsend. Chloral by mouth was virtually routine. The giving of chloral *per rectum* was a skill developed to a beautiful art by devoted midwives used to caring over long hours for women through seemingly endless labours. I can picture now a superb night sister sitting by the bedside coaxing such chloral patiently, almost drop by drop into a patient's rectum. I have procured wonderful relief for women with intravenous pethidine and Valium cautiously given; and I still believe that these old drugs, used by people who have spent long enough with women in labour to know and judge their proper use, are a very full armoury for the care of the parturient. Later, of course, epidural became the fashion. For a number of women it was a really significant advance on what we had to offer before. But I remain utterly unconvinced that its wholesale use as an integral part of the management of labour was anything but a folly and a truly retrograde step in the care of labouring women. Much more convincing was the great contribution it made at the end of labour, when the hazards of general anaesthetic could be avoided and something infinitely better than pudendal block offered. It all seems so simple now. Induce in the morning, accelerate in the middle of the day, inspect in the evening and deliver or section by nightfall. But how well I remember that it was not ever thus. Those long labours; high OP's needing delivery before they were fully dilated, if humanly possible, *per vaginam*.

About a year ago at my gynaecological clinic, I saw a lady of very small stature who flickered her eyelids as she spoke to me in a way that rang a distant bell. She was a twitched up little thing and I knew I knew her. In a second it came back to me. I said, "I don't know your name, but it was about 25 years ago, room 21, 6.30 p.m. on a Friday, a son." Her eyelids nearly popped out of her head, "My God", she said, "what a memory you've got." The reason I remembered her so well was that, on a certain Friday evening, my wife and I were due to go to a dance at the Old County Club in Ipswich. We had been invited to join a party for dinner beforehand, and this little lady with the flickering eyelashes had been in labour since Monday. I had been in and out of her bedroom, day and night, all Monday, Tuesday, Wednesday and Thursday and on Friday I eventually got her delivered with forceps at 6.30 p.m. By the time I had tidied up the mess in the bedroom (there was no labour ward in the private wing, and often no midwife), checked that all was well, gone home, had a bath and changed, Joanna and I were able to get to the dinner party, albeit to drink our soup as the others were drinking their port. It was a very difficult forceps indeed, with a nurse holding each leg with the hips maximally flexed to increase the capacity of the pelvic outlet. I had often since wondered how that baby had fared, and here was the mother, met again after all those years, to tell me. How was that little boy, I enquired? (She had, of course, not had any more. Such long labours as that were a notorious cause of one-child families.) She told me that he was very well, indeed he had come up with her and was waiting for her in the car. I could not resist the opportunity of seeing just how much damage I had done with my traumatic delivery at the conclusion of that five-day labour. I escorted her out to the car park where out of a fairly small vehicle climbed an enormous man. His mother introduced me to him as the person who had brought him into the world. He smiled down at me from his considerable height, and said in a deep bass voice, very slowly, "How do you do" and for a second I thought, "Oh, my God, no 'O' levels, probably never even an 11-plus!" Then I remembered; his father had looked and sounded exactly like that.

Much of the foregoing must seem very medieval, if not frankly prehistoric. The striking difference between "then" and "now" is the length of the labour and the reluctance to intervene by caesarean section with consequent demands for obstetric conjuring tricks of the past, and the willingness to section and the almost universal brevity of labour today. I hope these reflections will be of some interest. At least to those who didn't already know, they will now realise that a Charlotte's bag is a black rubber thing for inducing labour, not a coarse term for a midwife trained at Charlotte's, and the Crede's expression is not the look of dismay on the face of the obstetrician who, using cord traction, has just snapped the cord while trying to deliver the placenta and consequently covered himself with blood.

Countless other changes have not even been mentioned, many of them striking and vitally significant, such as the availability of blood, the enormous improvement in anaesthetists and anaesthesia, the concept of preparation for labour and mothercraft, the transfer of the neonate from the obstetrician to the paediatrician, and the paediatrician's developing understanding of the neonate. Erythroblastosis has come to be understood and virtually to disappear.

As I browse over these changed circumstances and practices in my retirement from the obstetric scene, three memories remain paramount. The first is the wonderful fortitude of women in labour. The second is the superb quality of the British midwife, to whom there is no equal in the world. And the third is difficult to define. It is the feeling at the end of a happy labour, where hopes have been high throughout, supported by composure, grafted on confidence, not in the doctor or in the midwife, but in the woman's own self and in her capacity for motherhood, when the miracle happens and the baby is born; the triumph of womanhood; the flowering of her self-respect. That poise, you will recall, was the star to which I hooked my wagon years ago, and I hope it will be a star on which midwives will for ever fasten their gaze.

When the new Maternity Block in Ipswich was opened by the late Lord Cranbrook in 1970, it fell to me to thank him for so doing, and I declared then that our resolve within the new building would be not only to practise the best possible technical obstetrics, but to do so in a warm-hearted, relaxed and happy environment; or some words like that. It seemed to me that in a smart new high-rise building, that aspect needed to be stressed.

Of course, technological advances are necessary; they are indeed wonderful, and save foetal lives and enhance the quality of the life saved. But unless some regard, a very considerable regard, is kept for the human factor, the woman's feeling – i.e. her need to feel confident, competent, personally successful – then she will have paid a terrible price with the loss of these for a little safety gained. Some indeed, would not consider it a reasonable bargain.

Physiotherapy

The set of students who have just had their Part II results were in their First Year when the school was inspected and so harshly criticised for its real or imagined shortcomings. Their response was to produce an unprecedented 100% pass in the Part I examination that summer, celebrated by a postcard proudly proclaiming "We Bloody well showed 'Em".

This summer, they very nearly pulled off a double, 41 of the 44 candidates being successful at their first entry, with a pass-list that is studded with merits and distinctions. This pass-rate is enormously better than the figures for the country as a whole and reflects great credit on the students themselves, the teaching staff and the clinical staff at Guy's and elsewhere who have contributed to their "bed-side" education during the second and third years. Furthermore, even before their results were known, the students were collecting offers of jobs conditional on their passing, in prestigious hospitals in London and outside. Guy's can be very proud of its 1983 physiotherapy student intake.

At the time of writing, the A level results are just about to be published and we will shortly know how many of the offers made for the 1986 entry will be able to be taken up. Not that there will be any dearth of replacements should some of the conditionally-accepted fail, literally, to make the grade. We have, as usual, been besieged by applicants seeking late vacancies and we can feel reasonably confident that this year's starters will be as well-qualified, by education and by personality, as those already in training. There should be some sportsmen and -women among them, too, perhaps able to fill the gaps left by those who have just left.

The School remains acutely short of teaching staff, unfortunately. We expect to gain another half-timer in December, and have a new student-teacher starting the 15-month course in September. We hope she will stay on after she qualifies. There is a possibility that a Former Guy's teacher from Sri Lanka may rejoin us as well, so all hope is not gone. The national shortage of qualified teachers is even worse in London, with its high living costs, and the relatively attractive salary scale offered by Schools which have transferred into Higher and Further Education is making it very difficult for the NHS Schools such as ours to attract and retain staff.

Examination successes and, as importantly, the quality of our product, if such a term is permissible, can only help to improve the situation and enable us to attract not only good school-leavers to train as physiotherapists, but good physiotherapists to train as teachers.

Ronald Cooper

The Mole Report

The time had come for Mole to lead the Sporting Life. It all started when he saw the sign "Guy's Summer Fete". Mole, although imbued with much good common sense, had to admit that he was not too hot on his spelling for he read it as the Guy's Summer Fate – and he feared the worst and he was mostly right. However, you can imagine how cheering it was for him to see all his friends in the Park having a good time and sportingly working like beavers to the benefit of all concerned. It made him wonder what he could do himself to help raise morale. It also made him wish that he could spell as well as his young friend Ratty, then he too might get a letter published in *The Times*. Not being academically inclined, he thought of Sport as a way to help his friends put into perspective all the frustrations at the old alma mater and to foster good fellowship. What would it be? Would it be cricket? No, because Mole's only qualification here was to mess up the Test wicket and to make it rather bumpy. What about football? He had an extreme reluctance to kiss and hug other male moles which seemed to be the requirement of this sport, and in any case he might meet up with the dreaded Fouler. The Commonwealth Games? He feared he would be the only entry in the Mole Vault and anyway would probably be banned from taking part. Marathons? Wouldn't he just be following in Ratty's staggering footsteps. His final decision was to involve himself in Racing – the sport of Kings and Queens. There was ample opportunity to start a Racing Stables at Guy's, for there were lots of empty cubicles suitable for a horse. With genetic counselling and with orthopaedic, cardiac and respiratory back-up, we could get ourselves a string of thoroughbreds which would bring us in much needed cash lost through the closure of Nuffield House. This scheme seemed as likely to succeed as any other he had heard. Mole quite looked forward to starting his mucking out.

Correspondence

Sports Scholarships

Dear Sir,

It is always a delight to receive the *Gazette* and keep up with the hospital news and this make one realize that one is part of a great medical institution. However, for a number of years it has been very disheartening to read of the poor performance of Guy's in athletics and particularly rugby. The edition of 5 April 1986 has just arrived and I read of the horrible beating St. Mary's gave Guy's in the Hospitals Cup. At the same time, I was interested in the reporter's remark regarding the tradition of Guy's rugby and its present beleaguered situation and the fact that others have the same feelings as myself. It gave me a little hope that this situation might in the future be remedied.

I realize that admission to medical school in London today may be different from my time and I would not want anyone to consider me impertinent or unduly critical from this side of the Atlantic. Nevertheless, I am an alumnus of Guy's and would like to offer a constructive suggestion.

One can certainly be a good doctor and a good rugby player and there are obviously good rugby players and athletes that are going to other medical schools. That being the case, one has to question the admissions policy at Guy's, which appears to be overlooking good athletes or possibly even being opposed to admitting them. I do not know whether it is still the case in Britain, but at one time sports scholarships were offered at certain institutions such as St. Mary's, as well as some of the Oxford and Cambridge colleges. If this system is still in operation as some of my old Guy's friends tell me, then I would suggest that former Guy's rugby players and others make an annual contribution to form sports scholarships for medical students in order to attract them to Guy's. I personally would be happy to make a generous annual donation and some of my friends tell me they would do likewise. It might be difficult to take care of the organisation from California but I would hope that some Guy's man in Britain with the same interest might follow through on this.

Guy's Hospital Gazette

THE OLDEST HOSPITAL JOURNAL IN THE WORLD

ANNUAL SUBSCRIPTION

Become a subscriber now. Fill in this form and post to:
The Manager, *Guy's Gazette*, 23b St Thomas' St, Guy's Hospital,
SE1 9RT. Or phone 01-407 7600 ext. 2023.

Please enter my name as an Annual Subscriber to "Guy's Hospital Gazette" and send me a Banker's Order Form/or invoice for subscription due. (Delete as necessary).

Name and Qualifications.....................................

Address...

....

....

Full annual subscription rate £10. **Retired Practitioners £5.**

Please note new rates – as of January 1986

I only played on one occasion for the 1st XV but was a regular member of the A XV and Guy's rugby has always been very exciting and dear to me. There must be many old Guy's men in Britain and around the world who feel the same way as I do and are willing to help in this manner.

It is sad that Guy's Hospital, which was famous not only for rugby but for all other athletic events, has fallen to its present sad status. I do so hope that those responsible for admissions will take a good look at St. Mary's and some of the universities and see how they accomplish high rugby and athletic standards.

Yours sincerely,

ROBERT G. WALTON
Clinical Professor,
Department of Dermatology,
Stanford University Medical Center,
Stanford, California 94305, USA

Letter from America

Dear Sir,

Through a peculiar oversight I failed to inform you of the peregrinations of an old Guy's man. Permit me to tell you that for the past 10 years or so I have been Editor of the *Journal of the American Academy of Child Psychiatry* and have had the pleasure of publishing papers by at least one Guy's man, and perhaps others too. I would, by the way, welcome hearing from any of my colleagues who were with me at Guy's during the years 1944 to 1950.

Yours sincerely,

MELVIN LEWIS
Child Study Centre
230 South Frontage Road
P.O. Box 3333
New Haven, Connecticut

Black and White Comments

Dear Sir,

May I please comment on your report on "Health under Apartheid" in your April edition?

1. There is a lot wrong with South Africa but the "standard of health care for blacks" is *not* appalling. There is over crowding in some hospitals but dedicated staff make the most of less than ideal conditions to ensure that every patient receives the treatment he needs. Patients in need of admission are not turned away and new hospitals are being built to relieve the over crowding. In Britain patients are turned away whilst hospitals are closed. A patient might wait three years for a hernia operation. In South Africa, a black patient would complain if he waited three months for a hernia operation and it might be done the same week! The highest standard of care in all specialities including open heart surgery etc. is offered to all regardless of race or ability to pay. South Africa also has been a pioneer in the field of Community Health, e.g. immunisation and health education. The higher perinatal mortality among blacks is the result of poverty and ignorance and cannot be blamed on to the Health Service.

2. I find it hard to believe, as reported, that a doctor could want a health service to collapse totally. How can any caring doctor want patients to suffer for lack of medical care through no fault of their own? Is this attitude ethical?

3. The best place to fight apartheid is in South Africa itself. Elective medical students who show humility and kindness can help break down some of the terrible racial barriers that apartheid has set up. I hope we continue to see more students here.

Yours sincerely,

J. B. JONES
c/o Barclays Bank
1 Victoria Avenue
Manchester 9
21 July 1986

Health under Apartheid

Dear Sir,

As contributor of the article in which the views of Dr. Flaxman and the African National Congress were discussed, I should like to reply to H. N. W. Harley's letter in the *Gazette* of 19 July.

Dr. Flaxman merely argues that in moral issues such as apartheid, there comes a time when to refuse to stand up and be counted is to align oneself with the status quo.

The black "law-abiding citizens" to whom Mr. Harley refers do not even have the right to vote in central government elections. If we as individuals are not to give silent support to this situation, we must refuse to lend respectability to the South African government by fostering academic connections and undertaking electives in the country.

Yours sincerely,

J.A. KEEN
For the Issues in Health Group
Guy's Hospital

Fond Farewell

Dear Sir,

Through your columns could I please express my thanks to many friends and colleagues in the Dental School and Hospital who so generously contributed to my retirement presents. Unfortunately, some of my colleagues were unable to attend my farewell party and I shall not be able to thank them all personally.

Thank you.

Yours faithfully,
ALAN A. ROBINSON
Highways,
26 Stevenage Road,
Knebworth,
Hertfordshire.
SG3 6AW

Cricket Sweaters

Dear Sir,

I found that it became necessary to buy a new Guy's Hospital Cricket Club sweater after my 20 year old original had been reduced to two thirds its size by an accident in the wash.

After much correspondence I discovered that the sale of sports goods has now been taken over by the Students' Union who run a shop in the East Wing. It proved impossible, however, to purchase a new sweater because the shop carried no stock and was not likely to in the future. The reason for this was the manufacturer's insistance on the placing of a large order before his machines would be set up. I have found it most distressing not to have a hospital sweater since it represents a break with the splendid days of 20 years ago.

It appears that friends requiring, for example, replacement Cambridge College sweaters can purchase them easily from a major West End store. Is it not time that the responsibility for holding stock of these cherished items was handed to the professionals so that at least a source of supply is maintained.

Yours faithfully,
P. J. NEWMAN
11 Mount Ephraim Road
Tunbridge Wells
Kent

Mutch of Hutchness

Dear Sir,

I greatly enjoyed H. N. W. Harley's nostalgic memories of Guy's in the Twenties. I should, however, like to correct an error or misprint: it was Dr. Nathan Mutch (not Hutch) who used to give the Pharmacology lectures, as he was still doing in 1931/32 when I was his HP.

Incidentally and inconsequentially, as many of my contemporaries will remember, 'Hutch' (Leslie Hutchinson) was a black gentleman, well known in cabaret, on the Music Halls and the radio who made a number of records accompanying himself on the piano, of many of the popular songs and hits of the time.

Yours sincerely,
K.S. SOUTHAM
78 Bowes Hill
Rowlands Castle
Hampshire

Sport

MOUNTAINEERING CLUB
(Jolly Sensible Branch)
Summer Trip to the Bernina Alps

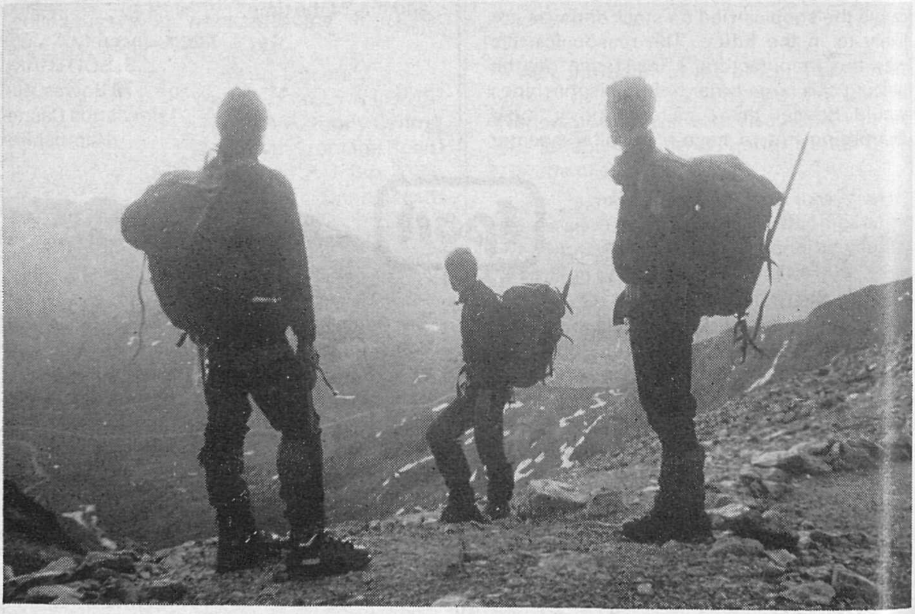
This is an account of an expedition to the eastern alps near St. Moritz (Grisons). The group consisted of Allan Staley, Ian Paul, Malcolm MacPhearson and Tom Brink.

After a very disorganised start from the depths of Surrey the main party, in a Renault 5 called "Rollerskate", drove onto the 5.30am ferry with only seconds to spare. A rotation of drivers and sleepers enabled us to arrive only 30 hours later at Base Camp – Punt Muragl, in the Engadin (1738 metres). Our guide and cultural advisor, Thomas, had coincidentally arrived a mere five minutes earlier and sorted out the booking-in at the campsite, having travelled there by train from London. Home was to be two tents under the spruce and larch trees wedged between the River Inn on one side and the main road over the Bernina pass on the other.

Altitude training started immediately with a long walk up the Val Champagna and over the Fuorcla (pass) at 2803m. This walk took us through forest areas with lush under-growth which smelled wonderful after the earlier rain. A steep climb brought us above the tree-line (2100m) and out into the upper valley where cows' bells constantly jangled, marmots whistled at our approach and the flowers' vivid colours glowed in the sunshine. The whole scene was dominated by Il Corn, a rocky peak at the head of the valley. We were tempted to climb its vertical ramparts but fatigue due to altitude was beginning to make its mark. Even the old mountain goat, Malcolm, had to turn his back on the peak and head for the pass. The last 100 metres were a mammoth struggle, taking the system even more than running up Guy's Tower. On reaching the Fuorcla we collapsed to admire the view of Piz Muragl with Lej Muragl in the foreground. The long downhill stroll back to Pontresina did much to deepen our exhaustion and our toes, unaccustomed to the plastic Koflachs, screamed with each stride. Back at base Allan and Tom had developed aggressive headaches, probably due to the rather excessive first outing. Malcolm settled to his favourite pastime of bird-watching. That evening we went for a pizza at the finest pizza place in "Mitz".

The week continued with us acclimatising further, with forays to high passes and still higher peaks: Piz Ot (3246m), Piz Fora (3348m) a snow and ice exercise and Piz Julier (3380m). In between we took two rest days and had one day of bad weather. The easy pace at which we acclimatised also enabled us to scrutinise the rationality of our initial aims, which ultimately were less ambitious (more sensible) than at the start. Our objective thus was Piz Palü. The third peak in the Bernina group, in order of merit. Piz Palü is 3905 metres high (approximately 13,000 feet). To prepare ourselves spiritually, we went to the bottom of the Morteratsch valley the day before for a *würstli brötle* (sausages on a camp fire) and a few skinny-dips in the glacial streams plus the essential Calanda bräu (*unerreicht*). At this stage, with a little help from the frisbee our fitness was honed to razor sharpness.

Later in the evening we set off with carefully prepared rucksacks to Diavolezza, which was to be our starting point the next morning, early. Skilfully avoiding the last cable car, Sherpa Brink was allowed to carry all the hardware. Arriving at the hotel at Diavolezza (2973m) in time for "last orders", we felt rather foolish as we realised that all the locals spent the night at the hotel and are not tempted to spend the night outside on the sun terrace, the place we had elected



Silhouetted mountaineers at dawn near Diavolenza to shiver on. Excited by the prospect of climbing Piz Palü the following morning, it was difficult to get to sleep. So we listened to the avalanches as they peacefully rumbled down across the valley and watched the constellations cruising across the sky above us until they faded behind the gathering cloud.

At 3.30am it was too overcast to start – it was hard to conceal the disappointment as thoughts of abandoning the climb crossed our minds. At 5.30 however the cloud had miraculously began to clear and after tea and porridge we set off following the hoards of other climbers who had emerged from the hotel. Inspite of the motorway size of the path across the glacier we roped up, as a four-man group with Ian in front, Pash, Tom and Allan (photographic consultant). Later we were glad of this precaution as we crossed through a particularly savage cluster of crevasses and were amazed to actually hear and feel the whole lot move!

Once on the summit ridge at 3730m, it became necessary to watch every step as both sides of the snow ridge fell away dramatically to glaciers below. At the top pictures were taken, hands were shaken and Laura Ashley would have been proud that her curtain material had so comfortably reached the summit. The route of descent via the west ridge could not be recommended for beginners (Tom's sister watched someone fall off and survive a mere two weeks later), being of loose rock plates with pendulous voids on both sides. After further snow slopes, rock steps and roped glissades we reached the Vadret Pers glacier. This was nature's imitation of a rubbish tip – a bizarrely scrappy, lunar landscape of crunchy ice with little pools of black, silted water and the intermittent crevasse disappearing parallel, deep into the depths of cold. With the glacier finished we finally unroped to climb 200m back up to Diavolezza. Here we found throngs of tourists watching men strap themselves to kites and launch themselves precipitously from the edge of the mountain. A few welcome beers each and then a happy, exceptionally fulfilled walk back to the car. Thence to the campsite and a supper prepared for us by our friendly neighbours the Sondereggers.

The Sondereggers are another story. So is the story of our subsequent trip to the Bergal (Bregalia) where we succumbed after three violent electric storms as we attempted the north ridge of Piz Badile. **I.P. & T.B.**

Hospital Information

NEW INTAKE 1986

MEDICAL STUDENTS

ADAMS, Mr. Richard Edward
ALLEN, Miss Ruth Lara
AMES, Mr. Warwick Aubrey
ANAND, Mr. Sumit
ANDERSON, Miss Mary Agnes Fiona
ARASU, Miss Anusha
BASU, Mr. Dijendra Bhushan
BATES, Mr. Peter Gordon
BENNETTS, Miss Kae
BIRBECK, Miss Catherine Jane
BISWAS, Miss Tinku
BLACK, Mr. Edward Alexander
BOWEN, Miss Judith Sian
BRENT, Mr. Christopher Paul
BROWNING, Mr. Christopher John
CHANDR-RUANG-PHEN, Mr. Pornpat
CHEEMA, Miss Baljit
CHHAYA, Mr. Samir Amit
COLE, Miss Nicola
COUCHER, Mr. John Richard
CROSSMAN, Mr. John Edward
DAVISON, Mr. Simon Charles
DHANJAL, Miss Mandish Kaur
DICK, Miss Alison Marie
DOBSON, Miss Jemma Annabel
DOVE, Mr. David Stephen
DOUEK, Mr. Joel Robert
DOWLING, Mr. John Tiernan Christopher
ENGLISH, Mr. Michael Joseph
EVERETT, Miss Karen Lesley
FADE, Miss Premila Zoya
FARRINGTON, Mr. Andrew
FIELDING,Miss Samantha Pamela
FLETCHER, Miss Susan
FOGG, Miss Clare Joanne
FRISBY, Mr. Paul Alexander
FULFORD, Mr. Paul Edwin
GILBODY, Mr. John Stephen
GILLMORE, Mr. Julian David
GLEESON, Miss Carmel Marie Anne
GROVE, Mr. Matthew Lawrence
HARRISON, Miss Rachael Louise
HAUGHEY, Miss Nicola Margaret
HOSKINS, Miss Elizabeth Ann

ISHAQUE, Mr. Mushtaque Ahmad
JAGATHESAN, Mr. Rohan
JANKOWSKA, Miss Agnieszka Monika
KENDELL, Miss Judith
KERMANI, Miss Anahita Houshangi
KHAN, Miss Lillian Nasreen
KHWAJA, Mr. Saleem Arif Imamuddin
LADBURY, Miss Philippa Charlotte
LEE, Miss Tsui Mei Bernadette
LEWIS, Mr. James Christopher
LEWIS, Miss Rebecca Jane
MAKINGS, Miss Ellen Alison
MEHTA, Mr. Ajay
MEMBREY, Mr. William Luke
MORRIS, Mr. Huw Rees
NEIL-DWYER, Mr.Jason Glen
NORWOOD, Miss Fiona Lucinda Margaret
PATEL, Miss Nina Rasikbhai
PAUN, Mr. Sandeep Harilal
PEREIRA, Mr. John Anthony
PLUNKETT, Mr. Timothy Andrew
POPOVIC, Miss Sara
PROCINSKA, Miss Emily
QIDWAI, Miss Aliya
REDDY, Mr. Gopinath
REES, Miss Helen Louise
RHODES, Miss Anna Claire
RICHARDS, Mr. Christopher David
ROBERTS, Mr. Christopher Mark
ROBINSON, Miss Emma Kate
ROSE, Mr. James Denton
ROSS, Miss Emma Clare
RUSSEL, Mr. Richard Edward
SADLER, Mr. Martin John
SALE, Mr. Andrew Colin Buchanan
SANDHU, Miss Caron
SARKER, Mr. Prosenjit
SHARMA, Miss Rashmi
SIMON, Mr. Ron David
SIMS, Mr. Andrew Peter Justin
SLADE, Mr. Mark
SMITH, Mr. Matthew John
SOLOMONS, Mr. Neil
SOOD, Mr. Manoj Kumar
SRIVASTA, Miss Geeta
STEEN, Mr. Richard Patrick Terence
STEVENS, Miss Andrea Mary
SUNDARAM, Mr. Krishna Kumar
TAGHIZADEH, Mr. Arash Kusha
THOMPSON, Mr. David
THOMPSON, Miss Michelle
USTIANOWSKI, Mr. Andrew Peter
VEYSEY, Mr. Martin John
WANG, Mr. Tao-Sing Stephen
WEBSTER, Mr. Keith
WERRING, Mr. David John
WHARTON, Mr. Simon Peter
WHITE, Miss Maryellen
WILLIAMS, Mr. Andrew Dalton
WRIGHT, Mr. David John
ZAGNI, Miss Madeleine Frances Ursula

DENTAL STUDENTS

AHLOWAHLIA, Mr. Bhajneet Singh
ANSEL, Mr. Sanjiv Kumar
ASHTARI, Miss Arezoo
BENNET, Mr. Mathew Phillip
BERMAN, Mr. Mark Richard
BHARWANI, Miss Maslima
BUTCHER, Mr. Matthew Kenyon
CARLING, Mr. Michael
CHAN, Miss Christina Yuen Har
COLLIS, Miss Jane Marguerite Neild
COWIE, Mr. James Charles Arthur
CROWDY, Miss Philippa Kate
CROWTHER, Miss Claire Alison
DAMANI, Mr. Ketan Anupchand
DAS, Miss Susmita
DAVIES, Mr. John Huw
DAVIES, Miss Sally Christine
DEHGHANIAN, Miss Sima
DHABALIA, Mr. Zaki John
DOSHI, Mr. Rahul Rohitkumar
DOWNHAM, Miss Lucy Elizabeth
ESTELLA, Miss Gilliane Kathleen
FAN, Miss Fung Mei Kathleen
FOO, Miss Magdalen Kaow Ling
FOROUGHI, Mr. Bavand Vahid
FUNG, Miss Shu Chi
GASIOROWSKI, Mr. Gregory Waclaw
GILES, Miss Stephanie Anne
GOODLEY, Mr. Richard David
GORDON, Miss Fiona Margaret
GOWERS, Mr. Philip Anthony
HADLEY, Mr. Richard James John
HALL, Miss Caroline Jane
HALLAM, Mr. David John
HALLOWS, Miss Rebecca Christine
HATFIELD, Mr. John Randall
HEFFERNAN, Mr. Michael Joseph
HUGHES, Mr. Ceri Wyn
HUSEYIN, Mr. Can Suavi
JAMIL, Mr. Muhammed Naveed
JATANIA, Miss Minaxi
JAYASINGHE, Mr. Nishan Pradeepa
JONES, Mr. Richard Mark
JUDGE, Mr.
KANTARIA, Mr. Nishit
KHAN, Mr. Madin Ullah
KINGSMILL, Miss Virginia Jane
KREEGER, Miss Sarah Wendy Frances
KUMRAI, Mr. Harish
LIGHTLEY, Mr. Duane Ridley
LIU, Mr. Chih Lon
LIU, Miss Josephina Shook Yee
LO, Miss Yim Sun Kim
MADANI, Mr. Mehdi
MALIK, Miss Farhana
MATH, Miss
MERALI, Miss Shelina
MERCER, Mr. Ian James
MICHAELS, Mr. Simon Clifford
MILLER, Miss Jocelyn
NASH, Mr. Alastair John
NATERWALLA, Mr. Neville
O'BRIEN, Mr. Andrew Charles
OWEN, Miss Sarah Beverley
PATEL, Miss Bina Girish
PATEL, Miss Janita Yashvantrai
PAYNE, Miss Elizabeth Joanne
PERERA, Miss Esther Harini Kumari
PHILLIPS, Miss Raquel Valentina
PHILPOT, Miss Nicola Sarah
RAFEEK, Miss Reisha
RIDDELL, Miss Elizabeth Susan
ROWE, Miss Carol Ann
SAJJANHAR, Mr. Raj Kumar
SHAH, Miss Sonal Lalchand
SHEFFIELD, Miss Angela Teresa
SMITH, Miss Janine Catherine
STOCKTON, Mr. Peter Alexander
TATHAM, Miss Helen Clare
THOMAS, Mr. Steven John
TOMES, Mr. Nicholas Guy
VIVIAN, Miss Miriam Louise
WADDINGTON, Miss Julie Claire
WARE, Mr. Peter Ivor
WILLIAMS, Mr. Leigh Campbell
WILLIAMS, Mr. Simon Peter
WONG, Mr. Bernard Wai Shing
YONG, Miss Grace Wen Ming

PAPERS BY GUY'S PEOPLE

Essex, E. G., Cochrane, G. M. and others. The pharmacokinetics of Uniphyllia in nocturnal asthma. **British Journal of Diseases of the Chest**, 1986, **80**, 235-241.

Fogelman, I. Rheumatoid arthritis and osteoporosis.(Editorial.) **British Journal of Rheumatology**, 1986, **25**, 240-242.

Gleeson, M. J., Cawson, R. A. and another. Lymphomas of salivary glands. **Cancer**, 1986, **158**, 699-704.

Howell, P. G. T. Incisal relationships during speech. **Journal of Prosthetic Dentistry**, 1986, **56**(1), 93-99.

Jarrett, R. J. Is there an ideal body weight? **British Medical Journal**, 1986, **293**, 493-495.

Keen, H. and others. Prevalence of known diabetes in an urban Indian environment: the Darya Ganj diabetes survery. (Short report.) **British Medical Journal**, 1986, **293**, 423-424.

Kemeny, D. M. and another. Immunoglobulin E-dependent stimulation of human alveolar macrophages: significance in type 1 hypersensitivity. **Clinical and Experimental Immunology**, 1986, **65**, 416-426.

Kidd, E. A. M. and another. Remineralisation of carious lesions in enamel by exposure to a fluoride-containing toothpaste in vitro. **British Dental Journal**, 1986, **161**, 133-136.

Kirkham, F. J. and Neville, B. G. R. Successful management of severe intracranial hypertension by surgical decompression. (Case-report.) **Developmental Medicine and Child Neurology**, 1986, **28**, 506-50.

Ladas, S. D., Isaacs, P. E. T., Murphy, G. M. and Sladen G. E. Fasting and postprandial ileal function in adapted ileostomates and normal subjects. **Gut**, 1986, **27**, 906-912.

Lessof, M. H. August 1961: diet and allergy. **The Practitioner**, 1986, **230**, 735-736.

McCance, D.J. and others. Progressive potential of mild cervical atypia: prospective cytological, colposic, and virological study. **Lancet**, 1986, **2**, 237-240.

Meredith, D. J. and others. Why do patients still die from paracetamol poisoning? **British Medical Journal**, 1986, **293**, 345-346.

Murdoch, R. D. and Pepys, J. Enhancement of antibody production by mercury and platinum group metal halide salts. **International Archives of Allergy and Applied Immunology**, 1986, **80**, 405-411.

Padmanabhan, N., Rubens, R. D. and another. Mechanisms of action of adjuvant chemotherapy in early breast cancer. **Lancet**, 1986, **2**, 411-414.

Seller, M. J. Prevention of neural tube defects. **The Practitioner**, 1986, **230**, 719-723.

Sinclair, H. and Gibson, T. Interaction between probenecid and indomethacin. (Correspondence.) **British Journal of Rheumatology**, 1986, **25**, 316-317.

Smith, C. E. T., Filipe, M. I. and Owen, W. J. Neuromuscular and vascular hamartoma of small bowel presenting inflammatory bowel disease. **Gut**, 1986, **27**, 964-969.

Sowton, E., Timmis, A. D., Crick, J. C. P., Griffin, B., Yates, A. K. and Deverall, P. Early results after percutaneous transluminal coronary angioplasty in 400 patients. **British Heart Journal**, 1986, **56**, 115-120.

Walter, J. D. Alternative major connectors for mandibular partial dentures. **Restorative Dentistry**, 1986, **2**, 80-84.

DENTAL HOUSE SURGEON APPOINTMENTS

RESIDENT

General Duties and Mr. Bret Day
P. W. Baldwin
General Duties and Mr. Gibb
Miss J. Yeung
General Duties and Mr. O'Driscoll
Miss M. A. Leeves
General Duties and Mr. Haskell
Miss S. A. Leeves

NON-RESIDENT

General Duties, Periodontology & Preventive Dentistry
R. P. Flavell
General Duties, Oral Immunology & Microbiology
M. J. Twitchen
Orthodontics and Dentistry for Children
Mrs. D. Simons
Miss A. Law

Conservative Dental Surgery
25 Miss C. A. Davies
26 Miss E. N. Parsons

Prosthetic Dentistry
R. Beard
S. Richardson

General Duties, Conservative Dental Surgery and Oral Surgery
P. R. Davis
A.P. Harris
Miss D. K. Jarzabek
Miss A. R. Kurer

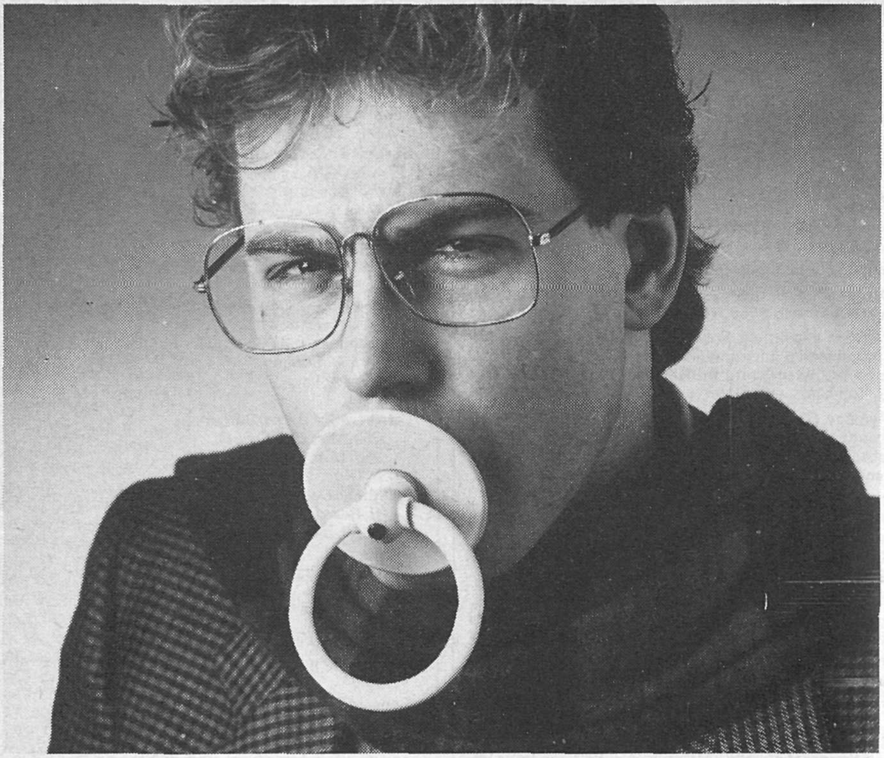
General Duties, Oral Medicine & Pathology
Miss R. Bryan

PERSONAL

FINANCIAL ADVICE – Personal and Practice business advice for doctors, dentists, nurses and students. Including insurance, tax planning, pensions. No charge. Call Bob Long – Monday to Friday 10am-6pm on 01-493 9090.

CHANGE OF ADDRESS

Alison M.C. Thorne (née Healy). Guy's 1973 - 1977. 2B Rome Court, Realty Gardens, 41 Conduit Road, Hong Kong. Telephone: 5-474849

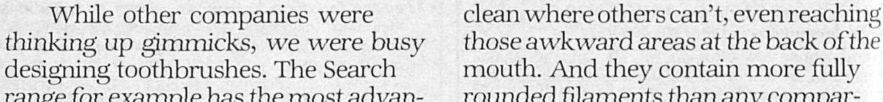


One toothbrush treats you more seriously than others.

While other companies were thinking up gimmicks, we were busy designing toothbrushes. The Search range for example has the most advanced features. They are preferred by the vast majority of dentists.* Each has a straight handle with a broad contoured grip for better brushing control. Their long slim necks and ultra compact heads make it easy to clean where others can't, even reaching those awkward areas at the back of the mouth. And they contain more fully rounded filaments than any comparable toothbrush. Sensodyne make the most comprehensive range of toothbrushes available. There's one to suit the needs of ALL your future patients.

Stafford-Miller Ltd., Hatfield,
Hertfordshire AL10 0NZ.

*Annual Dental Survey 1983.



SENSODYNE SEARCH

THE ULTIMATE IN BRUSHING PERFORMANCE.

Guy's Hospital Gazette

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023
EDITOR NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITOR JEREMY GREGG
SPORTS CORRESPONDENT STUART MILLAR
PHYSIOTHERAPY CORRESPONDENT RONALD COOPER
MANAGER SYLVIA RODD

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

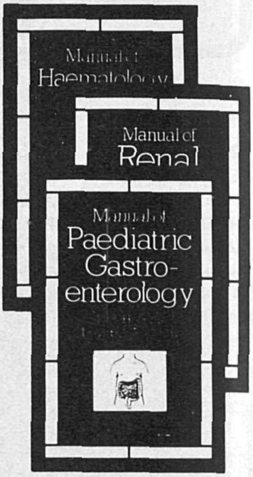
Page
PASSIM 371
NEWS IN BRIEF 375
OBITUARY
Margaret E. Houghton 377
APPRECIATION
Sydney Cohen 378
NUCLEAR MAGNETIC RESONANCE AT GUY'S
by Professor Michael Maisey 381
THE 1986 BIENNIAL DINNER
by Profesor Roger Warwick 387
WHY GUY'S NEEDS A MEDICAL EDUCATION COMMITTEE
by Thomas Dent 389
MEDICAL STUDENT SOCIETIES CONFERENCE
by A. D. Farmery 390
NOT WISER BUT OLDER ON BEING A MATURE STUDENT
by Mark Slade 393
407 ART CLUB EXHIBITION
by our Art Correspondent 397
THE THREEPENNY OPERA
by our Theatre Correspondent 398
OPERATION RALEIGH
by Katherine Godber 401
PHYSIOTHERAPY 403
CORRESPONDENCE 405
BOOK REVIEWS 408
SPORT 408
HOSPITAL INFORMATION 413

OCTOBER 30, 1986 VOLUME 100 NUMBER 2367
Published Monthly at Guy's Hospital, London. All rights reserved.

Pass your exams with Churchill Livingstone

The Manuals Series

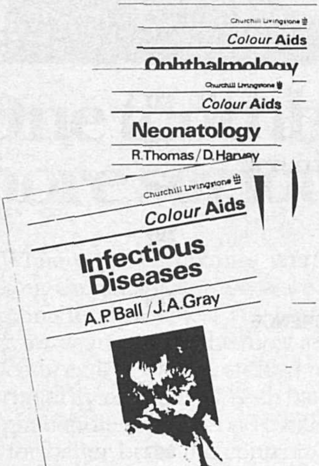
These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.


Manual of Haematology
Manual of Renal
Manual of Paediatric Gastro-enterology

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll

Colour **Aids**


Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious Diseases
A.P. Ball / J.A.Gray

The unique self-study and revision guides from Churchill Livingstone. *Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.*

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

The extraordinary generosity of Sir Philip Harris has made possible the building of the new Magnetic Resonance Imaging and Spectroscopy facility at Guy's. On p.381, Professor Michael Maisey outlines the story of the new centre. It is likely that collaboration between the radiologists and other departments will lead to developments of great value to both research and clinical work. We wish the people involved success, and applaud Sir Philip for making all this possible. The visit of Margaret Thatcher to open the centre, however, has inevitably given rise to controversy. It is the issues surrounding her visit which this Passim seeks to explore.

The N.M.R. Scanner

The bare bones of the matter are these. The Prime Minister was invited to open the NMR centre on Wednesday October 15th. She was then to attend a reception in the Ballroom of Boland House. The visit had been arranged over a year in advance.

Perhaps the most immediately striking thing is the degree of secrecy which surrounded the affair. It appears that the organisers equated security with secrecy, although they did have the political nous to realise that the visit to a teaching hospital of the leader of a government with such an appalling record on health and education was unlikely to pass unremarked. Accordingly, enough police were laid on to cater for up to 3,000 protestors, and the anonymous white vans of Special Branch were much in evidence.

The Official Opening

This plaque was unveiled on 16th October 1986 by the
RT. HON. MARGARET THATCHER, F.R.S., M.P., PRIME MINISTER
to commemorate the opening of the
PHILIP HARRIS MAGNETIC RESONANCE CENTRE
provided through the generosity of the
Philip and Pauline Harris Charitable Trust
and the Special Trustees of Guy's Hospital
and presented to the
United Medical and Dental Schools
of Guy's and St Thomas's Hospitals

Unveiling the Plaque

Bermondsey
Says
More Money
For the
Health Services

The demonstration (photo courtesy The Guardian)

Students had not been consulted about the visit, although the reception was to be held in Boland House – heartland of Clubs' Union territory. We understand that the Medical School felt that since the Clubs' Union did not exist as a legal entity, consultation was unnecessary. As it turned out the first thing that many students knew about the visit was when Boland House received a fresh lick of paint the weekend before. On the day itself, while a handful of students enjoyed sparkling wine and polite chit-chat with the P.M., the majority had to suffer the inconvenience of being herded away from Boland House (or being asked to remain in the Spit), and were generally harrassed by the anxious police. So upset were they, that many joined other staff and students in the demonstration, leading one senior member of the Medical School establishment to deny that they were really students.

Of course, the major issue at stake is not really the inconvenience to the students. It is the irony of the Prime Minister's presence at a hospital and a medical school which cannot be ignored. Her government has put the existence of the NHS into a precarious position not only via the cuts but also, via the inter-related issue of the encouragement of private health care. Furthermore, with the Universities having to cope with poor funding from the UGC, and with the steady decrement in the value of the student grant, Margaret Thatcher does not give the impression of being a friend to either higher education or to research. Yet here she was, opening a centre built through one man's philanthropy, and welcomed with open arms to the Hospital. The question is, why?

Apart from the muffled shouts of the demonstrators outside, no protest was heard in the Ballroom as Margaret Thatcher spoke. She spoke mainly about benefaction, drawing the parallel between Thomas Guy and Philip Harris. Benefaction appears likely to play an increasingly important role in the funding of the NHS, a victory, perhaps for the Government's policy of systematic underfunding. The absence of protest among those present may have come out of respect for Sir Philip, but surely at the back of everyone's mind was the ghost of New Cross and the close menace of the London Bridge Hospital.

We believe that it is not entirely coincidental that the Prime Minister's visit took in an exhibition of a model of the plans for rebuilding at Guy's, known as Phase Three. These plans, which have been on ice for many years, have recently received a boost from the generosity, once more, of Sir Philip. The implications of Phase Three are, as yet, obscure. Apart from changes at Guy's, it involves plans to improve community and paediatric health services. The cost is estimated at about £35m, of which some £19m will be raised by the Hospital, and the rest will come from public funds. At present it is by no means certain that these improvements will see the light of day. It is ironic, but hardly surprising, that, in order to better our chances of obtaining much needed improvements to our local services, a hypocritical silence about the damage to the NHS caused by the present Government must be maintained on the occasion of the Prime Minister's visit.

Model of Phase 3

News in Brief

Closures at New Cross

The acute medical wards Anderson and Fleming were closed on the 29th September. The patients have been transferred and are now on Naaman ward at Guy's. The transfer involved the loss of 17 acute medical beds, and leaves only rheumatology and acute geriatrics beds at New Cross.

Mr. Donald Bompas

Mr. Donald Bompas retired from his post as Secretary of the United Medical and Dental Schools on the 1st October 1986. An appreciation will follow in the next issue of the *Gazette*.

Thomas Guy's Home and Bookshop

The Royal Insurance Company has kindly allowed the School to fix a bronze plaque to the outside of its building on the corner of Lombard Street and Cornhill, commemorating the fact that Thomas Guy had his home and bookshop there from 1668 until his death. The Lord Mayor of London has most kindly agreed to unveil the plaque on Monday 24th November at 11 a.m. The ceremony will be quite brief and can be watched from the various pavements within sight of the plaque.

School of Physiotherapy Charity Ball

Various fund-raising events during the 1985/86 year, culminating in the Ball at the Café Royal on 7th June, produced the record total of £3,500 for the Cardiac Spare Parts Trust.

In this academic year, Sarah Duncan and her Committee have already started to gather in money for their chosen charity, the Hedley Atkins Breast Cancer Unit, and they will be organising a further series of happenings, culminating in a Ball at the Grosvenor House on 12 June 1987.

Front Cover

This month's front cover is by Stephen Ward.

The Friends of Guy's Christmas Stall

The Christmas stall will be held in the Colonnade from 1st to 5th December 1986. It will be open from 11 a.m. until 3 p.m. Monday to Friday, or as long as stocks last. We hope to have as wide a variety of goods for sale as possible, and gifts for sale will be most welcome. Please contact: The Friends of Guy's, 23B St. Thomas Street. Tel: 407 7600 Ext. 2022/4.

Christmas Shopping List

Ties – U.M.D.S.	£3.50
– striped	£2.25
– crested	£3.70
– rugby	£1.30
Scarves – Guy's and ULU	£7.50
Sweaters – navy blue, black, grey, sky blue, cream, beige burgundy – size 34"-46"	£14.70
Sweatshirts – navy blue, sky blue, royal blue, denim blue, green, red, white, black, pink, yellow, grey, fawn, burgundy – size small, medium, large, extra large	£7.50
T-shirts – blue, lemon, grey, green, red, white, black, navy blue, burgundy – size small, medium, large, extra large, extra extra large	£3.50
Cufflinks	£5.50
Tie pins	£2.15
Lapel badges	£2.15
Blazer buttons – 1½cm	£2.25
– 2cm	£2.40
Blazer badges	£2.70

Hockey and rugby shirts to order – please make cheques payable to Guy's Hospital Clubs' Union and enclose postage and packing of 50 pence.

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (Please include your name and address and payment with order.)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

for orders	please add
£ 5.00 to £14.99	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60

Obituary

Margaret E. Houghton (nee Broughton) 1931-1986

Margaret Houghton died on 10 July 1986 at the age of 54 after an illness extending over 10 years.

Margaret was the daughter of the owner of a Lancashire Mill and the first member of her family to study medicine. She entered the 1st M.B. year at Guy's in 1949, when the Medical School had just opened its doors to a limited number of women students, and at once threw herself into student life with the enthusiasm and sense of humour characteristic of her. She greatly enjoyed her years at Guy's and was interested in many different aspects of hospital life. She was actively involved in the Christian Union, and played hockey for the first Guy's Ladies team – a doubtful honour, as a willingness to make up team numbers was of more importance than great sporting ability in those days!

After qualification and house appointments, she entered the School Health Service, first in Lancashire and later in Oxford. She became Senior Medical Officer with special responsibility for handicapped children, and continued to work on their behalf until only a few weeks before her death.

Her home and family were very important to her. Happily married to the Oxford Professor of Atmospheric Physics, later to be appointed Director-General of the Meteorological Office, she brought warmth and informality to many official functions where her organising ability was invaluable. Always generous with her time and money, she never forgot a special occasion – flowers or a card would arrive to enrich the day.

The courage with which she battled against her long illness and the quiet confidence she derived from her Christian faith will be remembered by all who came into contact with her. Nearly 300 friends and colleagues attended her funeral at the local church where she had been an active member for many years. The Principal School Medical Officer of Oxford School Health Service wrote in tribute to her:

> "She represented all that was essentially best about a person working in the Community. She had enormous understanding of people's problems and all the determination and energy to help put them right. Above all, however, she will be remembered for her personality and how pleasant she was to have as a colleague."

To her husband John and children Janet – just qualified at Guy's – and Peter we offer our deepest sympathy in their loss.

V.P.H.

Appreciation

Professor Sydney Cohen, C.B.E., M.D., Ph.D., F.R.C.Path., F.R.S.

Professor Sydney Cohen came to Guy's as Professor of Chemical Pathology in 1965. After qualifying in Medicine at Witwatersrand University Medical School in 1944, he left South Africa for good in 1954 and came to England, with lasting benefit to English biomedical science.

During six years at the National Institute for Medical Research, Mill Hill, he carried out basic studies on the metabolism of plasma proteins in rabbits, humans and baboons. He pioneered protein-labelling techniques, and became particularly interested in gamma-globulin showing, for instance, that IgM has a rapid turnover rate compared with IgG and is largely confined to the vascular system.

From 1960 to 1965 he was Reader in Immunology at St. Mary's Hospital Medical School, and this was the time of some of his most important scientific discoveries. It was an exciting time because modern immunology was at last emerging, and the facts now learnt routinely from textbooks were being painstakingly established in the laboratory. In collaboration with the late Professor R. R. Porter (who subsequently received the Nobel Prize), he made fundamental studies on the structure of antibody. The basic structure of the immunoglobulin molecule was established, distinct light and heavy chains demonstrated, and allotypic specificities were localised on the heavy and light chains. This was a tremendous achievement. Sydney Cohen was always conscious of the medical applications of discoveries in science, having already shown, for instance, that immunoglobulin was synthesised within the central nervous system in patients with multiple sclerosis. He now became interested in gamma-globulin and immunity to malaria, and during a study in West Africa he demonstrated that resistance to malaria could be transferred to children by injecting human immune immunoglobulin. In other words, malaria immunity could be due to antibodies, an idea that was not generally accepted at that time (1961).

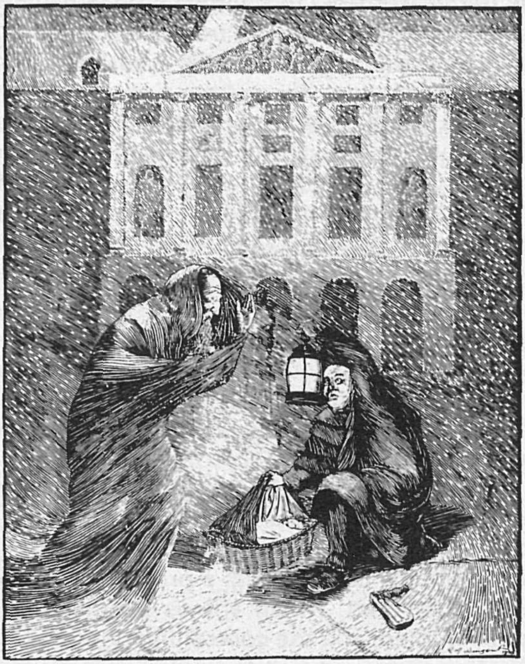
And then, for the rest of his career, he focussed on immunity to malaria and the development of malaria vaccines, attracting first-class young scientists and a massive flow of research money to his laboratories. Many interesting discoveries were made. Malarial merozoites were shown to attach to specific receptors on red blood cells, and this could be prevented by antibody. After inactivation, the merozoites could be used to vaccinate monkeys, which were then protected against malaria. Merozoites could be grown in culture, but such vaccines seemed impractical for large-scale human use, and he and his colleagues therefore began to analyse the individual malarial antigens. Before long, a protective antigen of molecular weight 66,000 was discovered, which shows promise as a vaccine. This antigen is now being studied, and the controlling gene has been cloned.

During his 21 years at Guy's Sydney Cohen had a major impact on our scientific life: first, because he is himself one of those unusual medical graduates who is at the same time an excellent scientist, becoming an F.R.S. in 1978; secondly, because of his close contacts over the years with the Medical Research Council (he was at one time Chairman of their Tropical Medicine Research Board), with the W.H.O. and with numerous universities and institutes throughout the world. There was a scientific fall-out and an international status that enhanced the reputation of the Medical School and Hospital. He has also been greatly valued at Guy's because of his personal influence, whether in seminars, committees, or over the lunch table. He is a gentle man, but insistent on high standards, acting as the miners' canary in alerting us to second-rate ideas or experiments. If you wanted advice about your work, he was the one to ask.

It will be a great loss now that he has retired, not having him around with his ready smile, his wisdom and his quick wit. We are lucky to have had such a man at Guy's during those critical years when our status in research steadily grew, so that the U.M.D.S. now rates among the highest in the United Kingdom. His many friends at Guy's wish him a happy and active life in his retirement.

C.A.M.

Guy's Christmas Cards



This year's attractive Guy's Christmas Cards are now available of the drawing by Ralph Wingent.

The cards cost 15p each (including envelopes) and can be purchased from the Gazette Office, 23b, St. Thomas Street, SE1 9RT (Telephone 01-407 7600 extension 2023). Prepaid orders will be promptly despatched. Personal callers are welcome. (Postage and packing extra.)

If you can't think of a suitable present, please remember our other offers advertised elsewhere – which include hospital prints, notelets, key rings, credit card holders, plaques, pewter tankards, goblets and playing cards in a crested leather case.

Nuclear Magnetic Resonance at Guy's

by Professor Michael Maisey

Introduction

In June 1985 the first article on nuclear magnetic resonance at Guy's appeared in the *Gazette*. This article described the basic principles of nuclear magnetic resonance, together with the steps that had been taken in deciding to purchase a 2-Tesla whole-body magnetic resonance imaging and spectroscopy system together with a 9.8-Tesla small-bore research instrument. These would form the Philip Harris Magnetic Resonance Centre. At that point, decisions had been made concerning the choice of manufacturer, the site and general policy towards the organisation of research applications. In only a little over 12 months, the Centre was operational and, as I write, has just been officially opened by the Prime Minister. It is a great tribute to all concerned that such a complex project could be achieved in so short a time.

The Timetable

Notable dates in the development of this project were as follows:

June 1985	Work commenced on the foundation slab.
August 1985	Signing of the agreement.
December 1985	Topping-out ceremony.
February 1986	Magnet delivered.
March 1986	Spectrometer commissioned.
August 1986	Centre handed over to U.M.D.S.
October 1986	Official opening by Prime Minister.

In June 1985, work commenced clearing the site behind the Cunliffe Laboratory to form the concrete foundation which was to take the building and the imaging magnet. In August 1985, Donald Bompas, on behalf of the U.M.D.S., and Philip Jones, on behalf of Philips Medical Systems, jointly signed the formal agreement to build and equip the Centre. When this agreement had been signed, work commenced on the building, the whole project being a turn-key agreement whereby the manufacturers were responsible for building, housing and equipping the Centre.

By early December, Lady Harris placed the last brick in the roof parapet at the topping-out ceremony. This signalled the completion of the roof and allowed installation of the equipment to start. The 2-Tesla magnet which was built in Oxford was delivered on a cold snowy day in February and it was only after this that is was possible to complete the end wall of the building. In parallel with this development, the laboratory spectrometer was being installed on the 18th floor of the Tower in the Radiological Sciences Laboratory. This was commissioned in March 1986 to have a field strength of 9.8 Tesla. Throughout this time, negotiations had been progressing with Philips Medical Systems for a joint research agreement which would be mutually beneficial. The agreement was signed in March 1986 and specified that for three years we would conduct joint research in

Commissioning the N.M.R. Spectrometer on the 18th floor of the tower. Members of Philips Medical Systems, Radiological Sciences and Biochemistry

Joint signing of research agreement under the watchful eye of Dr. George Houston the areas of *in-vivo* N.M.R. spectroscopy and the application of magnetic resonance to the measurement of blood flow *in vivo*. This is a very important aspect of the whole project and will allow Guy's to remain at the forefront of these exciting new fields. After the main magnet was delivered in February it took a further six months to complete and commission the Gyroscan imaging unit to allow work to commence at the initial field strength of 0.5 Tesla.

In August 1986, Sir Philip and Lady Harris attended a formal handing over of the keys of the Unit to the Medical School. The first person to be imaged was Martin Harris who had a brain scan during the key ceremony and everyone, including his mother, was relieved to see that it was normal. During August, September and the first half of October, an initial clinical imaging service was instituted which allowed us to obtain experience and to shake out the inevitable bugs in the system. On 15 October the Centre was declared officially open by the Prime Minister.

The Opening

Among the guests attending the Official Opening of the Centre were Sir Philip and Lady Harris with members of their family, the Trustees of the Charitable Trust, Lord Flowers the Vice Chancellor of the University of London, Sir John Greenborough, Chairman of the U.M.D.S. Council of Governors, the District Health Authority, Special Trustees and many other people who were involved in setting up the Centre or will be involved in running it in one way or another. The Prime Minister first went

Lady Harris performing the honours at the topping-out ceremony to the Centre where she was shown the magnet with a patient being imaged, together with a series of examples of patient studies and volunteer studies that had been performed on the system since it was commissioned. With her first degree being in chemistry, she was particularly interested in the potential of *in-vivo* biochemical measurements that may be possible with further research into *in-vivo* spectroscopy. After the plaque was unveiled, she was conducted through to the Seminar Room of the Nuclear Medicine Department and introduced to a number of people who were directly involved in the building, including members of the Philips organisation, the architects and contractors, and our hospital and Medical School Works Department. After the tour, she was invited by the Dean to unveil the plaque and to open officially the Philip Harris Magnetic Resonance Centre. From the Centre she was conducted to the Court Room where members of Guy's Hospital and the District Health Authority outlined the plans for the Phase III rebuilding of Guy's Hospital of which Sir Philip Harris and the Trustees are benefactors. The site of the new building was described together with the advantages in improved service that we would be able to offer our patients if and when the new building was completed. All involved in the planning of this third rebuilding phase of Guy's were very grateful for the opportunity to be able to present the case for this development to the Prime Minister personally.

The Prime Minister then attended a reception in the Ballroom of Boland House where she met a number of other people directly involved in the project. The Dean made a short welcoming speech thanking the Prime Minister for her visit and opening the Centre as well as Sir Philip and Lady Harris without whom it would not have been possible. He also pointed out that she was the first Prime Minister in office to visit the hospital in an official capacity although Gladstone and Balfour before her had been on the Governing Body of the hospital. The Prime Minister made a short but pertinent speech. Finally, I presented Sir Philip and Lady Harris with a photographic record documenting the development of the Centre.

The Future

The clinical magnet will now be increased to three-quarters of its potential strength of 2 Tesla, which will allow the spectroscopy and blood-flow research to be undertaken. Fifty per cent of the time will be dedicated to providing a clinical service in areas that magnetic resonance has already been shown to be of clinical value, the remainder of the time will be spent on developing new areas of clinical applications. Initially these will include cardiac spectroscopy, both *in vitro* and *in vivo*, in which field Dr. Pamela Garlick is already conducting biochemical research. Cancer spectroscopy will be started jointly between members of Biochemistry, Oncology and Radiological Sciences Divisions. The measurement of blood flow and organ perfusion will be coordinated by Dr. Mike Smith and by Professor Ray Gosling. These new techniques will be applied to clinical problems such as renal transplantation and neurology.

Guy's Hospital Gazette

English Pewter 1 pt Tankards, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed.

Cost £18.00

ORDER FORM

Name ....

Address ....

....

Please send me . . . . Guy's Tankards at £18 each (plus 50p p & p.)

I enclose a remittance of £................

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

Guy's Hospital Gazette

English Pewter Goblets, Engraved with the Guy's Crest, available only from the *Gazette*, individually boxed. ***Cost £15.00***

ORDER FORM

Name ....

Address ....

....

Please send me ...... Guy's Goblets at £15 each (+ 50p p. & p.)

I enclose a remittance of £...............

To: The Manager, Guy's Gazette Office,
23b St. Thomas Street, London SE1 9RT
Tel: 01-407 7600 ext. 2023

Personal Callers Welcome

Office hours: Monday, Tuesday, Friday. 9 a.m.—5 p.m.

The 1986 Biennial Dinner

by Professor Roger Warwick

The Biennial Dinner is always a delightful occasion, mostly because it involves students and graduates, and also staff. The 1986 get-together was more warm and successful than some recent ones, indeed it was something of a "sell-out", as one speaker indicated. The speeches were mercifully short and to the point. Apart from the warmly acclaimed toast to our dear Royal Family, the loudest response was to an encomium on the service of Donald Bompas, about to retire; and who, amongst all us old chaps, can recall anyone who has served our school and Hospital so well? And I put these two moieties in this order with deliberate emphasis. The Hospital has always deemed itself the senior partner although – heaven knows! – much of its current fame depends upon academic departments, whether clinical or scientific, a fact sadly overlooked by our Chairman. Having said this, I must admit that the turn-up from the school was very poor, something which must be improved, perhaps by better advertisement of the occasion. I found myself the only departmental head (retired at that) who turned up. The only other "prof" (apart from such clinical wallahs as Ian McColl and Tim Clark, our Dean – both students in my time) was Robert MacCullum, whom I did not have the pleasure of meeting.

The best of the occasion was provided by the swarms of graduates, many of them my own students, who smothered us old codgers. I could not keep count of them, and I fervently hope that all who smothered me will write to remind me *soon*, to help an old man, whose memory is faulty but whose affections are greater than ever. I made many promises, which I *must* keep, but I need reminders please!

All in all it was a grand occasion. I shall never miss another until my chips are down and gone.

Guy's Hospital Gazette

IMPORTANT NOTICE TO ALL SUBSCRIBERS

In December 1985 our readers were advised of an increase in the subscription rate, to take effect for 1986. The increased rates are as follows:

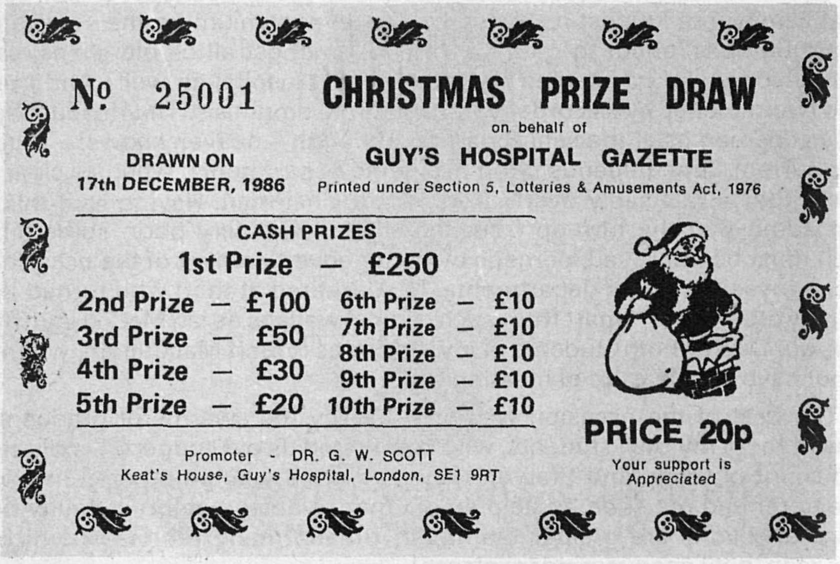
Normal subscription - £10.00 per annum
Retired subscribers - £5.00 per annum

The *Gazette* would be most grateful if readers would bear this increase in mind when returning their bankers order form.

Existing subscribers due for renewal in October/November, please amend your bankers/order form accordingly.

THANK YOU FOR YOUR CO-OPERATION

Guy's Gazette
Christmas Raffle



Nº 25001 **CHRISTMAS PRIZE DRAW**

on behalf of

GUY'S HOSPITAL GAZETTE

DRAWN ON
17th DECEMBER, 1986

Printed under Section 5, Lotteries & Amusements Act, 1976

CASH PRIZES

1st Prize — £250

2nd Prize	£100	6th Prize	£10
3rd Prize	£50	7th Prize	£10
4th Prize	£30	8th Prize	£10
5th Prize	£20	9th Prize	£10
		10th Prize	£10

Promoter - DR. G. W. SCOTT
Keat's House, Guy's Hospital, London, SE1 9RT

PRICE 20p

Your support is Appreciated

Tickets cost 20p each
(£1 per book of five)

CASH PRIZES

1st Prize — £250

2nd Prize	**£100**	**6th Prize**	**£10**
3rd Prize	**£50**	**7th Prize**	**£10**
4th Prize	**£30**	**8th Prize**	**£10**
5th Prize	**£20**	**9th Prize**	**£10**
		10th Prize	**£10**

Please return tickets with the appropriate remittance to –

Guy's Gazette Office, 23b St. Thomas Street,
London, SE1 9RT before December 11th

Why Guy's Needs a Medical Education Committee

by Thomas Dent, Chairman, Student Medical Education Committee

One of the biggest problems in a medical school is communication. Medical students are busy people working in a complex organisation, on several sites, often moving through sequences of firms and attachments that mean they seldom meet. Many problems arise in such a complicated enterprise, yet they seldom get brought to the attention of the people who design and run the course. This is one of the most important functions of a medical education committee: to research, discuss, convey and follow up strenuously the complaints of students on the course. There are occasions when committees within the medical school require the input of a student informed about the way the course works, where it does not work and how it is perceived by the consumers, to provide a sounding board for proposed changes, for example the introduction of a new curriculum or a restructuring of firms within a department. Finally, most students are blithely ignorant of the direction their medical school is taking, the reasons why decisions are made, and the most effective way to protest or seek redress if they are unhappy about what is happening to them. So in all these areas, a medical education committee should be in the business of informing one group what another group is thinking.

I believe they also have a wider role in informing opinion on medical education issues within the student body – their convenors will be in touch with people at other medical schools, and should be thinking more deeply about the direction the profession is taking, and how medical students can help make their course more appropriate to the way they will eventually have to practise, and the society they will practise in. This last is a difficult objective, as one must not become too "political" or doctrinaire – but it is a function no-one else will take on, and it is an influence missing from our education.

The price one pays for having more information on the complexity of the decisions that face a medical school is that one is perceived as ineffectual or conservative by the people one is trying to represent, while one's consciousness of the problems and sense of urgency lead one to be seen as frenzied and unduly radical by the teaching staff whom one is trying to influence. This is unavoidable. The best way of countering this tendency is to remind the student body of the committee's achievements as often as possible (which also happens to be good politics!), while conducting as many surveys and questionnaires as one has energy for to demonstrate the strength of student opinion to staff members. Heads of departments, senior teachers and others in positions of authority are often quite unaware of what is perceived as wrong with their courses and quite keen to sort matters out once told.

Yet the big issues about the way medicine is taught at a traditional London teaching hospital are beyond the reach of even the most diligent questionnaire-writer, lobbyist and committee-goer. The shortage of patients, the dire effect of sub-regional RAWP, the absentee-consultant syndrome, the diffuse nature of teaching (so diffuse you can miss it altogether), the lack of teaching on alternative medicine, on medical ethics, on preparing for the way medicine will be in the 1990s rather than how it was when resources were plentiful – these are the topics that students are, or *should* be, worried about. However, they are really beyond the power of any of us to deal with. Perhaps in these areas our role is just to raise the issues for discussion.

In short, the functions of a medical education committee are not easy to delimit, not as clear-cut as those of a Student Union. It has to enjoy the confidence of the teaching staff to have any effect, but must not be seen as anyone's lap-dog. It must receive and be seen to act on and make progress with students' complaints and problems; in addition I feel that it should try to inform its student electors on the way medical education policy is made, at their medical school and outside, and the way it should be progressing. This manifesto is ambitious, but makes for a more complex and far more interesting time than most people think we have.

Medical Student Societies Conference

by A. D. Farmery

After some last minute touting for willing representatives, the Guy's Clubs' Union delegation set off for Birmingham to attend the MSSIS weekend conference. I (a non-Union man) have always been somewhat sceptical about these occasions where, it seems, indulgence in nauseous mutual congratulations and preoccupation with esoteric matters of Union Constitution seem more important than the students whom these Union officers represent.

This conference proved no exception. It was nevertheless a valuable experience, not least because it served as a reminder of how fortunate we are that at Guy's the Clubs' Union exists solely to provide for the sporting and social needs of its students and not to boost the egos or political credulity of its officers. However, that apart, some interesting and important issues were discussed, amongst which were student locums and private health care.

The present system of medical education teaches us how to pass Final M.B., but not how to be a houseman. Doing student locums is considered valuable experience by some medical schools. Indeed, at Cambridge, failure to do a locum attachment is frowned upon by both the medical school and future employers. (Well, exactly how *do* you arrange a theatre list, persuade a porter to port, get up before 9.00 a.m., etc.?) The term 'student locum' is self-contradictory, because legally a locum must be a qualified practitioner. Technically the student is a 'locum assistant', assisting a named practitioner (usually the consultant) who assumes responsibility. Locums can only be undertaken with the permission of the Dean and the consultant concerned and they are only of any real value to final-year students. They seem to swing in and out of fashion but, I suppose, when it comes to playing at being doctors, there's nothing like the real thing.

Dr. Michael Goldsmith, the self-styled G.P. whiz-kid and pioneer of the private Harrow Health Centre, got rather a stormy reception during his talk on private health care. I suspect it was the careless use of the word 'private' in the title of the talk which stimulated some sub-cortical response in his audience and guaranteed their inattention throughout its entire length. As far as I could gather, Dr. Goldsmith's new model G.P. system does not involve any payment (other than that already made through National Insurance Contributions) from the patient and is therefore not truly 'private'. It appears to be a curious mélange of Market and Free State systems in which Goverment capitation is added to an established capital-generated by the Health Centre which is run as a private business. The large element of private investment ensures cost-effectiveness and, as the patient is at liberty to register at the Health Centre of his choice, competition ensures good quality control. The theory may be sound but its execution, I suspect, impracticable.

The hospitality provided by the Medical Defence Union was excellent and, despite my rather cynical remarks at the beginning of this report, I hope I will be invited again.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are November 19th and January 14th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).

Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

The Army offers medical students much more than just £6,040 a year.

If you are a student, male or female, at a British medical school, you could be eligible for a Cadetship with the Royal Army Medical Corps.

You'll need to have passed your second MB or equivalent. And you'll be required to attend an Army selection board.

But you'll get £6,040 to continue your medical studies in the first year. This increases each year thereafter.

When you become Fully Registered, to prepare you for your first appointment as a Regimental Medical Officer, we will send you on an introductory course which lasts about four months.

This course includes training at Sandhurst, training in administration and field medical organisation at the RAMC Training Centre and in the various aspects of Military Medicine at the Royal Army Medical College at Millbank.

Then, it's six years in the Army, starting with the rank of Captain. By converting to a Regular Commission you can, of course, stay longer, until you're 60 if you wish.

As a doctor in the Army your practice will be much the same as a good civilian one: fully equipped and professionally staffed. You could be working in a group practice or on your own; though you'll be entirely responsible for your own patients, be they soldiers or their families, rather like a busy G.P.

But don't think that, because you're in the Army, your chances for study will be in any way limited.

While still in clinical training, a number of selected cadets may, with the approval of their Dean, undertake elective attachments at Military Medical Units in Germany, Cyprus, Hong Kong, Nepal or USA.

And you'll have the same opportunities as in civilian life for your post-graduate training in General Practice, Community and Occupational Medicine or one of the Hospital Specialities.

But a doctor's life in the Army doesn't stop there. As an officer, you'll be able to take advantage of a very wide range of sporting facilities.

You'll almost certainly travel abroad, and your social life will be busy too. Many of those you meet and work with will become lifelong friends.

Finally, should you decide to leave the Army on completion of your Short Service engagement we will give you a very useful tax-free gratuity.

How much depends on the length of your initial Cadetship and the amount spent by the Army on your medical training. Regular and Special Regular Commissions are pensionable.

For further details please contact Major General (Retd.) R. N. Evans CB FFARCS, Dept. O612, Royal Army Medical College, Millbank, London SW1 4RJ. Tel: 01-834 9060, Ext 210.

He'll send you our brochure, 'Doctor in the Army,' and arrange an interview.

RAMC Officer

Not Wiser but Older
On Being a Mature Student

by Mark Slade

Why? That is the question that I have been asked most frequently since taking the decision, only a month ago, to become a mature medical student at Guy's. 'Why do you want to become a doctor?' seems to me to be a silly question: surely it is one of the relatively few occupations which one can take up without the need to feel defensive. What needs more explanation is why, at 28, one should want to give up a secure job, a good salary, a car, a pension (a pension?!) in order to become (or rather to return to being) a student, without visible means of support, and for five years at that.

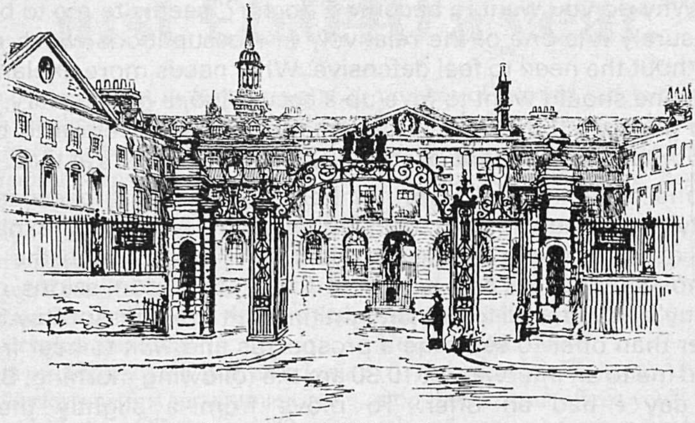
Well one reason – and I am not being flippant – is because it (the opportunity) was there. I had decided on 20th August to explore the possibility of becoming a medical student, by ringing round the London teaching hospitals to ask the advice of the student admissions office in each. At Guy's I happened to get straight through to Professor Roy Spector, who, rather than offer to send me a prospectus and wait to hear from me, summoned me to an interview at 10.30 am the following morning. By 11 am the next day I had an offer. To move from a slightly theoretical consideration of the possibility of reading medicine, to a situation where I was called upon to decide whether I wanted to start in six weeks, was not only extraordinarily stressful but also provided the stimulus that has brought me here. There is nothing quite like putting your career on the line.

The other reason was because it was *possible*. I think I would have been a medical student six years ago if I had ever seriously believed that one could arrange the whole thing, in a flurry of visits to parents and bank managers and calls to friends, within two weeks.

So what is it like becoming a fresher again after ten years? Well, don't let anyone fool you that the company of an enthusiastic band of young, fresh school leavers will make you feel young again. There is, without any shadow of doubt, no more efficient way of adding fifteen years to your apparent age than to go back to university. However hard you try not to be an old fogey, it is simply not possible to raise the same degree of enthusiasm for the 'meet-the-staff tea party' as would have been the case first time round, with the result that you are inevitably considered something of a stick-in-the-mud. This is especially hard to take when you have come, only a few days before, from a working environment in which you are considered relatively young.

Still, there are compensations. Halfway round our introductory tour on the first day I was asked by our guide whether I had come straight from school or whether I had had a year off! I have always assumed that there must be an age at which you cease to wish you looked older and started to wish you looked younger, but I had always previously considered that I had already crossed that particular watershed. I have clearly got further to go than I thought.

Guy's Notelets



Guy's Hospital Main Entrance.

These high quality notelets, in

sets of five, bear this period

pen and ink design in black.

We are able to sell these for just

£1.00 the set (p. & p. free).

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

After our tour we were invited to a 'meet-the-staff tea party', but this invitation, inexplicably, seemed not to have been extended to the staff. By the time that the 'meet your college parent' party came round I was exhausted, and in common with the other mature students felt eager for the course to begin in earnest, but I was very pleased to meet my 'college Dad', who was friendly, fun, and not at all put out by the disparity in our ages. We agreed that he could have my skull once I had hired my skeleton ("You won't need it until next year").

I am sorry to say that I hadn't the stamina to last until the Freshers' Disco, so I made my excuses and left.

Tuesday brought the first lecture, which was, surprisingly and pleasingly, the real thing: it was about body fluids. I suppressed thoughts of 'Dr. Strangelove' and scribbled notes furiously. It was strange how different it felt to be taking notes again. I kept making spelling mistakes, and wanting the lecturer to slow down. Add further two years, do not pass go, do not collect £200.

In the afternoon we all had to have our photos taken, mercifully not, as had been the case at Cambridge, while holding a black plank with one's name and number scrawled on. I remain, however, suspicious of the purpose of this exercise.

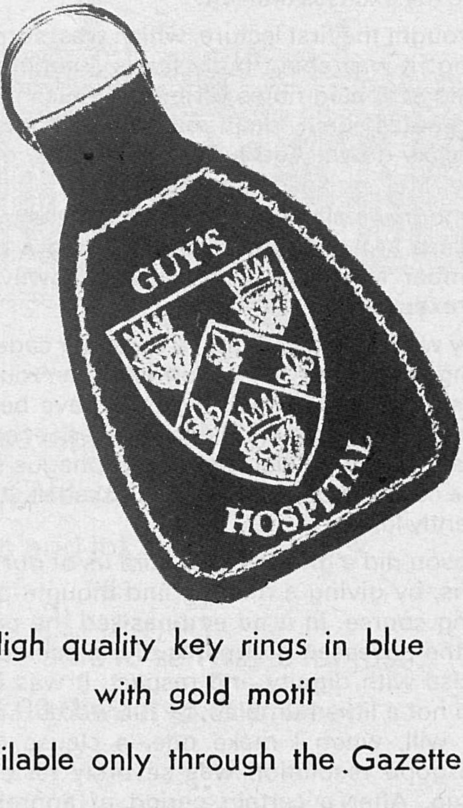
Wednesday was a big day. Time to meet our cadavers. The atmosphere in the dissecting room was full of formalin, nervous jocularity and not a little apprehension when we met. It would have been very perturbing to walk into a room containing a lot of dead bodies set out on tables. What was even worse was to find it filled with sarcophagus-shaped stainless steel cabinets, whose contents could only be guessed at. It was a far cry from the office I had recently left.

Dr. Hutchinson did a great deal to cure us of our jocularity, but not our other symptoms, by giving a moving and thought-provoking introduction to the dissecting course. In it he emphasised the privilege that had been granted us by the deceased occupants of the cabinets, a privilege that we ought to exercise with dignity and respect. It was impossible not to feel impressed, and not a little humbled, by his words. I made a mental note to include in my will, when I make one, a clause donating my body to medicine. This good resolution was severely tested, however, once we began dissecting. After a certain period of apprehensive gawping and prodding, during which I was reminded of Churchill's description of the painter's terror of a clean canvas, the cutting began. This immediately produced a reduction in tension among the dissectors, who then began to compare, and contrast, the dissection of the cadaver with that of the rat, which had been the most recent mammal to come under their respective scalpels. I couldn't help thinking that this was somewhat irreverent.

By Thursday, and then Friday, the course was fully under way. *Animal House* had been shown in the Ballroom without any undue consequent damage, and after a stimulating, and highly entertaining 'clinical session' on Friday afternoon, we were allowed home for the weekend to recover.

The verdict? Guy's is great. It's hard to adjust to academic work again;

Guy's Hospital Key Rings



High quality key rings in blue
with gold motif

Available only through the Gazette

Cost 60p each (+ 10p p. & p.)

Personal callers Welcome

All enquiries to:
GUY'S HOSPITAL GAZETTE
23b ST. THOMAS' STREET,
GUY'S HOSPITAL,
LONDON, SE1 9RT
Telephone: 01-407 7600 × 2023

even harder not to seem over the hill when surrounded by eager school leavers; it's surprisingly easy to live on a quarter of what one used to spend; lectures are clearer and better presented than any I have previously attended; and above all, there is the satisfaction of doing something which you enjoy, and which you know is right for you. I love it.

407 Art Club Exhibition of Watercolours by Hugh Kinder, 15-20 September 1986

reviewed by our Art Correspondent

This outstanding and deservedly popular showing of pictures was the third exhibition organised by the 407 Art Club in 1986. It is a sad reflection of the current student selection process that the Guy's exhibitions are almost wholly dependent on work by members of staff and their friends. In the distant past, undergraduates have been among the majority of exhibitors but that was before the time when entrance to Guy's became dependent on a talent for obtaining high 'A' level grades and a talent for nothing else in particular.

Some of Hugh Kinder's paintings on display at the recent 407 Art Club exhibition

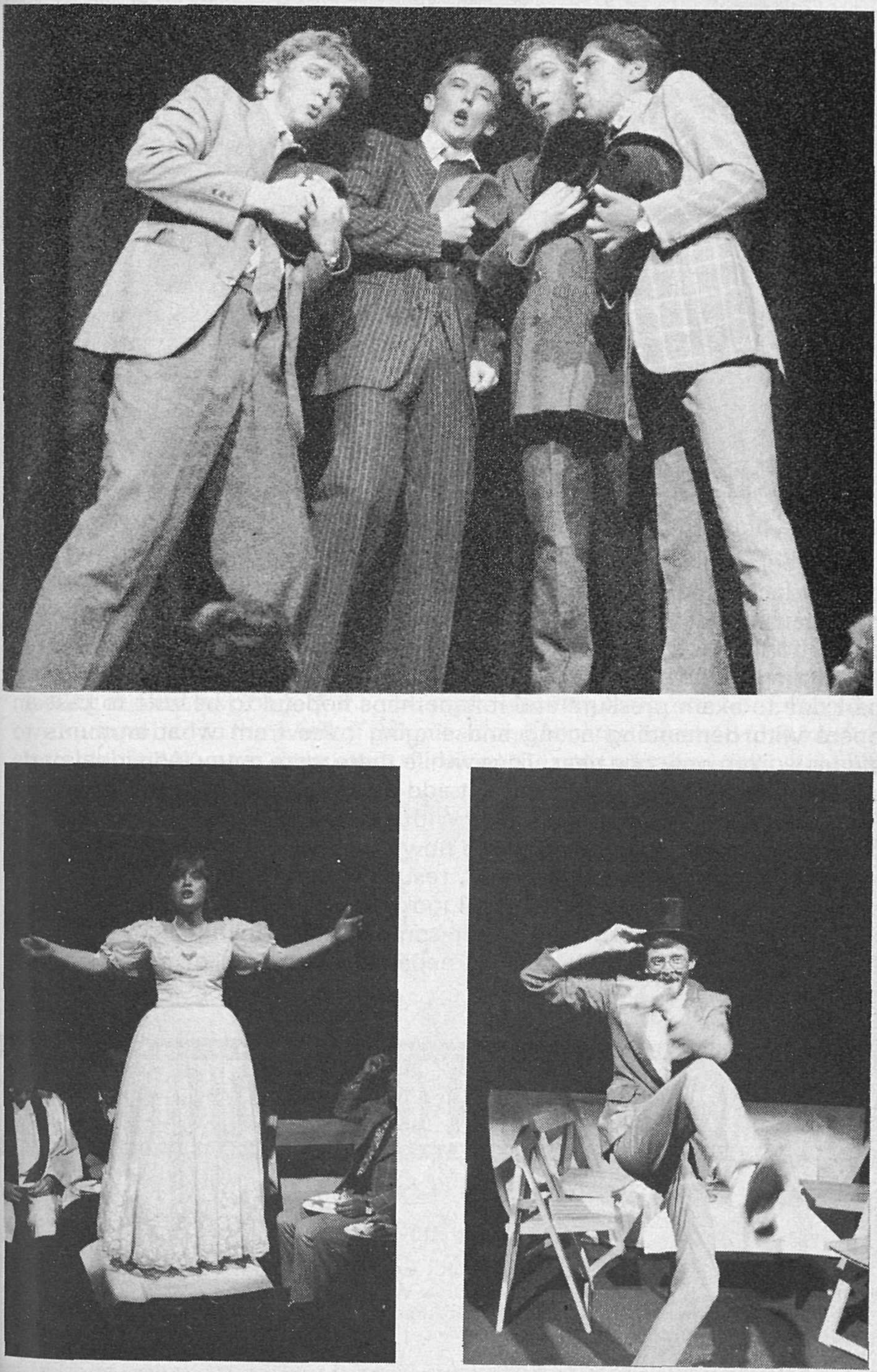
Mr. Kinder has recently retired from the surgical staff of the hospital and is representative of an earlier generation of Guy's men. His broad interests are reflected in his painting, examples of which span much of his professional life. More than 60 pictures were on display; all were watercolours. They revealed talent, perseverance and a love of the countryside especially apparent in the views of Norfolk waterways and the south coast. The subjects were not exclusively confined to the British Isles, but while Scottish lochs and glens were painted with the same appreciation of light, cloud and moisture revealed in the more southerly landscapes, the pictures of French, Dutch and Canadian scenes lacked the same spontaneity.

Without exception the pictures showed an impressive mastery of the difficult techniques and unique qualities of watercolour. Many of the pictures contained scenes with low horizons allowing Mr. Kinder an opportunity to fill his paper with skies of considerable beauty. His restricted palette ensured that the subtle tones of rural England were conveyed faithfully. His skilled use of damp paper, sponging and scraping attested to a knowledge of the best classical traditions. It is difficult to praise specific pictures but those which exploited summer cloud, water and trees gave me most pleasure. These not only demonstrated Mr. Kinder's gifts as a craftsman but revealed an affinity with his subject and that sense of respect and wonderment which motivates the best art. It is hoped that Mr. Kinder's retirement will allow him the uninhibited opportunity to continue painting such outstanding pictures. We all look forward to his next 407 exhibition.

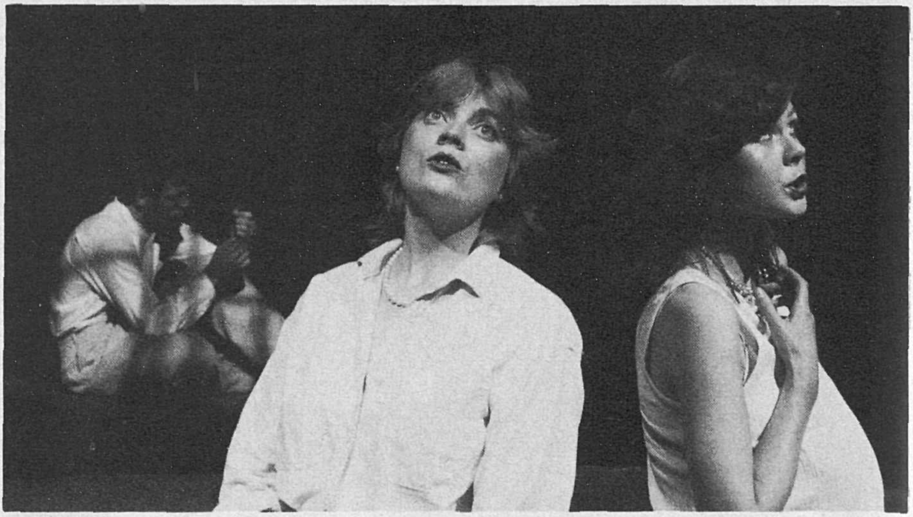
The Threepenny Opera

reviewed by our Theatre Correspondent

The Theatre Club staged The Threepenny Opera by Bertolt Brecht and Kurt Weill in the Harris Physiology Theatre in July. The audiences were generally appreciative of the efforts of the cast and musicians, and the three central roles of Mr. Peachum, Polly Peachum and Macheath were, on the whole, well portrayed. Alex Grayson as Mr. Peachum handled both dialogue and his songs with verve. Diana Mather played Polly, developing the character from a romantic idealistic girl to a mature businesswoman. One of the musical highpoints was her rendition of "Pirate Jenny". Mark Morgan was convincing as the dapper Macheath, displaying the character's athletic prowess – both sexual and otherwise – to good effect. His duet with Jenny, "The Ballad of Immoral Earnings", was extremely well choreographed and executed. Kate Eccles, Camilla Jenkins and others also performed well. Elaine Childs had the difficult task of portraying Jenny, the Lotte Lenya role. Wearing a shimmering red dress, with the looks and gravelly voice to stop most urban highwaymen in their tracks, she showed great stage presence.



Scenes from The Threepenny Opera



The "Jealousy Duet" from The Threepenny Opera

An enjoyable evening was had by all, but it must be said that the overall picture lacked polish. The directors Mike Travis and Dave Parry and the musicians under Jon Coe and Neville Purssell are to be congratulated for their efforts, but the choice of The Threepenny Opera was over-ambitious. The timing of the production in July precludes many students from taking part due to exam pressure and it is perhaps hopeful to be able to cast an opera with demanding acting and singing roles from what amounts to students from only one year. Thus, while there were many individual parts which were very good, they did not add up to a whole all of the time and some of the ensembles looked dull. With stronger direction, a less tatty set and a more professional attitude to how the production actually looked in total, rather than just each little bit, results would have been much more rewarding. Despite this complaint, I look forward to seeing the Pathology Course production when we may see some of this team again and much of the experience gained with the Threepenny Opera can be used to good effect.

REFRIGERATION (BOROUGH) LTD

115 LONG LANE, LONDON SE1 9RY

Telephone: 01-407 3840

Your Local Cash & Carry Electrical Discount Centre. (All at very competitive prices). Leading makes of Freezers, Refrigerators, Washing Machines, Spin Dryers, Vac. Cleaners. Enquiries for Commercial Equipment invited, Cold Rooms, Special Cabinets, Air-Conditioning, etc.

Operation Raleigh

by Katherine Godber

On Thursday 8th May 1986, I met up with seven other UK Venturers at Heathrow and together we set off for the other side of the globe. Our flight took us via Alaska and Tokyo (where we managed to get half an hour's sight-seeing in) to Sydney where we eventually saw the ship which was to be our home for the next three months. My first impressions were size-related: *Zebu* really did look very small for 22 people, especially when we were taken below to our quarters. Fifteen of us were to live in a space where there was hardly room for our luggage. Later, in rough seas it was to prove quite a challenge to get in and out of bed without treading on some sleeping body.

Our first week consisted of maintenance, as a lot of *Zebu's* running rigging had to be replaced with aesthetic materials for a 1938 Brigantine. So our days were spent tarring, sanding, varnishing, painting and cleaning. During all this hard work we got to know our fellow crew members, Australians, Americans, Singaporeans and New Zealanders, and also spent a day admiring Sydney. The Opera House was just as spectacular as the postcards promised.

By the end of the first week we were itching to get to sea and the excitement was tremendous when we eventually left the beautiful Sydney Harbour to set off across the Tasman Sea to New Zealand. However, this feeling did not last long. Half an hour after leaving the protection of the land we succumbed to the swell of the ocean and became attached to the lee rail for at least 24 hours. How I ever survived the cold, rain and rolling is still a

Setting sail in the Coral Sea

mystery to me, and I shall never forget my first night. It was 4 a.m. and I stayed on the deck in the fresh air to take my oilskins off, unfortunately taking the full brunt of a massive wave in the process. If I wasn't feeling precious before, I certainly was now, so, holding my stomach I dashed down the companionway, hung my oilys in the engine room (thank goodness I wasn't an engineer – too many fumes in too small a hole) and lurched to my bunk. If I could get to my bunk and lie down, things would improve as seasickness symptoms lessen, something to do with confusing the ear. I lay still for 20 minutes, sat up, took my soaking clothes off and lay down again desparately convincing my ears that I had never moved.

A few days later, when we were all looking less green and had grown accustomed to wet bunks and flying food at meal times, sail training began in earnest, as did our work in the galley. Setting the staysails was fairly easy once you had learnt where all the ropes were (101 in all) as at least you stayed on deck to raise and lower them. The excitement started when we tackled the square sails and, with the adrenalin flowing fast, we stepped onto the windward rail and climbed the rattlings and on to negotiate the platform. To get over this, you had to lean out at an angle of 45° to get up to the next level. It was a good idea to time the roll of the ship to avoid being dangled over the waves! Once up the mast, we then had to step out onto the footropes under the yards and edge our way along in order to gasket or unfurl the sails while battling with the wind. Sheer terror kept us safe, although it was much easier to use both hands to grapple with the canvas.

The Tasman Sea receives a low rating; it poured with rain, sent us heavy swells and strong winds, so it was lovely to see New Zealand's coastline even if it was thickly forested and looked deserted. We sailed through the Cook Straits in good winds and docked in Christchurch in the South Island. We stayed a week there and helped the local Operation Raleigh committee with their fund-raising by entertaining local dignitaries, talking to the press and giving talks to local schools and community groups. We had our usual heavy schedule of maintenance, but did manage to get to know some New Zealanders who were extremely friendly and hospitable.

From here we sailed up to Anakiwa Bay near Picton in the Marlborough Sounds and spent three days at the Outward Bound School where we went bush-walking and learnt to rock-climb. Then it was a hard five-day sail to Auckland with all the elements against us, resulting in our late arrival at our prime mooring at the bottom of the city's main street. We stayed six days, during which time we were taken to see a Maori Heritage Park by some future venturers and also played wheelchair basket ball at the local Spinal Injuries Unit. In Auckland we met up with a New Zealand Sail Training Ship called *The Spirit of Adventure* and we sailed with her to Great Barrier Island where we explored some beautiful anchorages and hiked over the mountains to a Cowrie Dam.

It was time to head north, so we left New Zealand from the superb Bay of Islands and 11 days later were experiencing the South Pacific Island paradise of Vanuatu. Here was a completely different culture in an idyllic setting of white sand beaches, volcanoes, palm trees, lagoons and coral reefs. We spent a week doing the inevitable maintenance, but changing anchorages every night and getting the chance to go ashore and learn more about the native way of life. We did have one mishap here when we went aground on a coral reef and no amount of running from side to side would dislodge us; luckily the tide was coming in!

Then it was time to head off over the Coral Sea with the trade winds behind us for Cairns and the Barrier Reef. This was plain sailing as the wind was constant, the swell minimal and the sun glorious. This gave us time to catch up on our diaries, practise our newly learnt skills such as rope-splicing and also work hard to take our Competent Crew and Watch Leader Certificates. I successfully navigated us through the Barrier Reef and we met up with the main bulk of Operation Raleigh. Here we met hundreds of land-based venturers both leaving and arriving and *Zebu* venturers realised just how small a part we were of the whole organization. Teams were arriving back from Papua New Guinea and also going out all over Queensland.

It was our turn to thank *Zebu* for carrying us safely over three months and this we did by putting her on the slip and scrubbing her bottom. Unfortunately 7 August came all to quickly and there were sad farewells at the airport as we set off determined to arrive back in England in shorts and T-shirts, and we certainly stood out as we came off the plane at 7 a.m.

Going on Operation Raleigh was a fantastic experience and also entirely unique and I learnt not only new physical skills but also other much more important things. Working with people can be extremely difficult and it is a worthwhile asset if you can get on with them whatever part of the world they come from and whatever their backgrounds. First impressions are not always accurate, and learning to look for a person's good points is much more positive than making snap assessments without any knowledge of what a person is really like.

Physiotherapy

The first-year students are by now well-installed, veterans of fancy-dress pub-crawls and freshers-week junketings, initiates of introductory lectures and practical skills classes. The last of the summer re-takes have done their piece again and must wait Hallowe'en to know whether the witches' black cats have brought them luck. The course-planning team members slog on, couching their thoughts in what they hope to be educationally acceptable jargon, and striving to meet a submission deadline at the end of the year.

It all shows a faith in the future, a belief that the Physiotherapy School is alive and well, and will be living in Guy's for the foreseeable future. Why might it not be?

As the diagnostic Radiography School has already found, the SE Thames Region is launched on a "manpower planning and training needs" exercise for the likes of them and us. In this notoriously difficult field, littered as it is with monumental past failures, the preliminary forecast is that the Region is over-producing physiotherapists, surplus to employment requirements by some 50%. Already, the three Schools in Guy's, King's and Thomas's have reduced their intake from 140 or so a few years ago to around 90 and, if we are to cut again, the economics of persisting with the status quo become questionable.

We have always held that we train for the whole country, not just for Surrey, Kent and Sussex. Unfortunately, the DHSS does not see fit to fund our courses centrally, and one can, reluctantly, see why SETRHA jibs at footing the bill for training other people's staff for them. Quite who will train them, of course, is a different matter, and it would scarcely seem cost-effective to shut down an established School in one Region and set up a new one in another. Apart from anything else, a new School would be extremely difficult to staff.

There would be no surplus teachers in our region if one of the presently existing Schools were to close, because we are all three understaffed at present and whichever two survived the blitz would easily absorb the refugees from the third.

If that threat were not enough, disquieting rumours are abroad of a feeling that the professional bodies are getting above themselves, and are pursuing the interests of their own members to the detriment of the service that they are here to provide. Legitimately, the professions are self-concerned, but quite why it should be supposed that that is inimical to the interests of patients is difficult to grasp and somewhat insulting. We are all being made to learn new tricks to placate the concept of value-for-money and efficiency-by-management, but progress is made on other fronts than merely managerial ones, and the professions would be falling down on their duties if they failed to move ahead with that progress. Does that mean over-training for the bulk of the membership, or does it rather mean provision of a realistic base from which to develop?

It is proper that we should not sit back complacently and refuse to heed informed criticism; it is salutary to be required to examine our own objectives and philosophy; it is necessary that we should live within our own income. But are we not believed to be mature and capable of handling our own resources?

A two-pronged threat directed at the numbers entering training and at the format of the training itself is not conducive to an atmosphere of academic tranquility and serene development. But then, so unfamiliar are we with such a rarefied state, we would probably fail to survive it anyway.

Ronald Cooper

Correspondence

Sports Scholarships

Dear Sir,

The letter by Professor Walton about sports scholarships (27 September edition) echoes comments I hear repeatedly in my position of Guy's RFC President. The anguish of Guy's alumni about the decline of the Rugby Club's performance contrasts with the apparent indifference of others more intimately associated with the School. The poor results, progressive weakening of the fixture lists and the longest period of failure in the UH competition since it began in 1875 are all manifestations of the difficulties confronting rugby at Guy's.

As the oldest Club in the world, the most frequent holder of the UH Cup and with an honours list which includes 34 international players, the traditions of Guy's rugby place a heavy responsibility on current undergraduates. The diminishing numbers who play rugby train hard during the summer, perform valiantly in the winter and live in hope. The wonder is that the 1st XV performs so creditably at times.

Why these difficulties? The policy of expanding the proportion of female students is obviously one factor. Another must be the high level of academic attainment required of School entrance. This must preclude many a bright student with unrealised academic potential but whose qualities of imagination, concentration and vigour have been measured by success in other directions such as sport. As a result of existing admission criteria, the character of the average Guy's student has changed radically within a decade. One is now more likely to encounter undergraduates with excellent 'A' level results and absolutely no other cultural or sporting interests and achievements.

Professor Walton wonders whether the introduction of sporting scholarships could offer a solution. He risks scorn for I can think of little which would be of greater anathema or give greater offence to those in authority who have raised the 'A' level requirements of aspiring entrants in the solemn and arrogant belief that medicine and dentistry are more intellectually demanding than most other university courses. St. Mary's Hospital was the last teaching institution to abandon rugby scholarships, but even now St. Mary's contrives to build a powerful rugby team by, for example, attracting or inviting outstanding rugby-playing Oxbridge undergraduates embarking on careers in medicine. The St. Mary's ethos is that sporting prowess in youth and later academic brilliance are so often linked that it is folly to ignore the association. Besides, 'A' level results are a poor guide to university performance and even less to professional achievement, and how marvellous for *esprit de corps* when your rugby team keeps winning.

Yours sincerely
Dr. T. GIBSON
Guy's RFC President

In his efforts to improve the calibre of the Rugby Club, the captain, Charlie Beardmore, wrote a note to all freshers coming to Guy's this October. We think it was really his intention that it should only go to male students, but the Medical School does not of course discriminate in these matters. The essentials of Mr. Beardmore's letter comprised an invitation to join the Rugby Club, and the following reply was subsequently received.

Dear Mr. Beardmore,

I write in response to your kind note to my daughter Jane who is exploring Nice at present. She will be at the Dental School. Thank you for your congratulations.

I am glad to hear that your Club is flourishing but sorry that the standard of play has dropped. Presumably you are trying to raise it by exploiting the hitherto untapped resevoir of female talent. Whilst awarding you ten out of ten for originality and initiative, this is clearly a policy of desperation. Do you not realise the damage your Amazons may wreak on the opposition? I never got beyond the Colts (2nd row forward at Bryanston) because I took up *rowing but I played hockey in the Navy and there were terrible tales of mixed matches against the Wrens, where whole teams of strong baritones and tenors were carried off as broken, babbling sopranos!*

Jane will, of course, consider on her return your kind invitation to take part in the Freshers' trial. I cannot, at this stage, absolutely guarantee her appearance. One thing – at least she will not have to buy a box!

Let us hope that the great tradition of Guy's rugger will be continued with a very successful season this winter – preferably with a minimum of professional *attention from the Dentists.*

Yours sincerely,
Cdr. M. N. COLLIS R.N., M.B.E.

Compound Farce

Dear Sir,

One of the drawbacks about using *The Gazette* for open controversy is that the time delay between firing the first salvo and when it hits the mark is about five to seven weeks. Very often, of course, the target has disappeared or changed shape. In consequence the retort may also end up wide of the mark. Such may be the case with the comments about the "Compound Farce" raised in the last *Passim*.

The Dental Hospital, in common with other parts of the Unit, has had swingeing cuts made to its budget and has to cut back, like our medical colleagues. We have already frozen a number of posts and the temporary closure of the compound was a further measure of enforced savings. This caused much inconvenience to so many staff and students that a compromise was obviously necessary. The compound has been re-opened but it will close from time to time, as the Clerical Officer in charge will be required to service a compound on another floor in case of sickness. We are most grateful to the Clerical Officers on floors 25 and 26 for agreeing to man these busy areas without back-up.

Yours sincerely,
M. L. MABERLEY
Director of Dental Services

Professor A. H. R. ROWE
Head of Department of Conservative Dental Surgery

Jimmy Goodliffe

Dear Sir,

I had the good fortune to serve Guy's Hospital Medical School for a quarter of a century in company with Jimmy Goodliffe and, like a myriad others, students and staff alike, I enjoyed his most unusual blend of efficiency, tact and friendliness. As a raw professor in 1955, I found his help and advice – always given with the ineffable "Jimmy" charm – truly indispensable. He was, and remains in mine and many others' hearts, one of the most lovable people ever encountered; even in a place like Guy's, which seems to have an ample supply of such cheerful, able and endearing individuals, he stood out a mile. The demise of such men may well fill us with sorrow, but, especially in our sympathy for his family, let us laugh and rejoice together as he would have wished.

Yours sincerely,
Professor ROGER WARWICK
55 Hall Drive
Sydenham
London SE26 6XL

How's Your Father?

Dear Sir,

Your reprint of "Types of Medical Students" from *The Guyoscope* of May 1897 revived some memories because the illustration is signed by my first-cousin-once removed. Since the style of his signature – G. Sichel – bears a strong resemblance to my own, I should like to rid the minds of former colleagues of mine from the suspicion that I myself was a student in 1897 and took 45 years to qualify.

I came up in 1937 when my namesake, who was in later years a G.P. surgeon at Sevenoaks, had been dead for nine years. He had worked in the embryo X-ray department at Guy's in perhaps about 1910, which may account for the fact that he was certainly remembered in 1936 by Mr. Winston, the Medical School secretary, when I came up to see the Dean because, jumping cheerfully to a false conclusion, he enquired of me, "How's your father?" As my father was a graduate in engineering of Glasgow University and had never set foot in Guy's, I was mildly astonished to say the least, but – no doubt overawed by the occasion – I replied that he was very well. "Good, good! Remember me to him" was the response. The penny dropped very soon but I was stuck with the misunderstanding: throughout the whole time I was at Guy's as student and houseman, Mr. Winston never failed to shoot out the dreaded question as we passed in the park – "How's your father?" – and I always gave the same truthful reply. It was a standing joke amongst my friends, so Mr. Winston may have grown to wonder why they showed embarrassing evidence of their enjoyment at these exchanges.

I have a bound copy of *The Guyoscope* for the year 1897. It was the property of James Alison Glover and he wrote his CV inside the front cover extending to 1943. I might add that I cannot agree with the writer of the article; I should not like to be a "First Year's Man" today. Anyway, I don't think I should get in. My relationship to Dr. Gerald Sichel was, only too obviously, the reason I was accepted. Those were the days!

Finally, if you were to turn up your archives you would find a letter written by my namesake, dated 30 December 1924, in which he gives an account of 400 years of association of our family with medicine – so there!

Yours very truly,
GERALD SICHEL
41 Summerhayes
Great Linford
Milton Keynes
MK14 5EX

NEW TITLES FROM HODDER & STOUGHTON

NEW SHORT TEXTBOOK SERIES

This series is a new generation of the successful *Short Textbooks* which have been substantially revised and rewritten. Distinctive in an enlarged and more flexible double column format, they are still primarily concise textbooks tailored to the needs of the hard-pressed medical undergraduate.

A New Short Textbook of Surgery
Leonard Cotton and **Kevin Lafferty**
0 340 37683 X September. £12.95

A New Short Textbook of Anaesthetics, Intensive Care and Pain Relief
J C Ponte and **D Green**
0 340 37681 3 November. £7.95

A New Short Textbook of Microbial and Parasitic Infection
Brian Duerden, Tom Reid, John Jewsbury and **David Turk**
0 340 40178 8 February. £14.95

CATECHISM SERIES

Clinical Guides for Medical Undergraduates

Written in concise, mostly memorisable, note form this series is designed to help medical undergraduates develop a reliable and systematic approach to history taking and physical examination of patients and the subsequent presentation of their findings.

A Surgical Catechism
Leonard Cotton
0 340 36996 5 £2.25

An Obstetrics and Gynaecology Catechism
Donald Gibb
0 340 37677 5 £2.25

A Clinical Pharmacology and Therapeutics Catechism
Howard Rogers and **Roy Spector**
0 340 40147 8 November. £1.95

A Medical Catechism
John Rees
0 340 37676 7 November. £2.25

Available through all good bookshops.

Hodder & Stoughton, Mill Road, Dunton Green, Sevenoaks, Kent TN13 1YY

Book Reviews

Medicine for Examinations. A Streamlined Approach to Revision. R. J. Epstein. Churchill Livingstone. 390 pp., £7.95, soft cover.

This book on medicine for examinations consists of a large number of lists with a few extra features tacked on. The extras are diagrams pointing out the important features to look for when asked to examine a particular system. There are also some lists of recent important references on each system. The book is designed mainly for M.R.C.P. candidates and provides a great deal of information in the lists. Most of this information is accurate and up to date. The diagrams showing what to look for are useful reminders for short case clinical examinations. Some of the lists have been rather strained by the idea that they had to be forced into this format. It would be easy to pick up omissions, and there are some odd lists, such as the age-related causes of wheezing. Most medical fields necessary for M.R.C.P., apart from psychiatry, are covered reasonably well. The problem with collections of lists like this is that the limitations of the list system mean that there is very little explanation and many lists need a reasonable knowledge to understand their components. The other problem about this sort of book is that most people find a series of lists totally unreadable. However, the quality of the lists in this book means that it would make a useful check for going over some possible viva questions, or some things to look out for in short case examinations.

The choices of ten references at the end of each chapter are sometimes rather puzzling. The list of key references published in recent years includes Mendelsohn's 1946 description of his syndrome.

I see this not as claimed, a streamlined approach to revision, but as a useful adjunct to revision, to work around an occasional topic, and to become used to the common questions asked and how you are going to deal with them.

P. J. REES
Clinical Tutor

Sport

RUGBY CLUB
Guy's 1st XV v Harlow
Lost 34–0

After a summer spent training hard for the new season and under the new inspirational leadership of 'Captain Piltdown', Guy's started surprisingly well in their first match of the season. However, such was the shock of holding Harlow in the first half that in the second half, with the hill in their favour, Guy's thought it was time to return to their old ways. Hence a run of 'soft' tries led to a resounding defeat. The post-match discussion led to the classic conclusion that 'it's going to be a hard season'.

Guy's 1st XV v Southend
Lost 39–4

Guy's arrived in Southend in fine spirits due to marvellous entertainment from Rag Doll who suddenly decided he wanted to see his breakfast again, and Pat Davis who wanted to share a personal problem with the rest of the rugby team.

The actual game was dominated by a mutant prop (not Mike Seare) and a winger who people tended to bounce off. The highlight, however, was when Kim Conchie was foolish enough to dive over the line and score a try. (This led to severe punishment later in the bar).

After the game we were well entertained with singing and drinking in the bar before leaving to taste the local nightspots. For this, hats, swords and fishing nets were necessary and proved invaluable when talking to the local policewomen. The night ended with a quick dip in the ocean by a few dentists I think, and with the astonishing ability of everyone to arrive back at the coach on time.

NB The score in the 2nd XV game has been lost in time.

Guy's 1st XV v Blackheath
Lost 31–0

With Hugh Toole and Nigel Poole as the centres, Guy's put on a creditable display against a much stronger side and were unlucky not to put points on the board.

However, with two dislocated shoulders to none, Guy's easily won the injury list.

Guy's 1st XV v Nuneaton
Lost 47–3

Guy's started this game with some trepidation, with memories of last year's defeat still fresh, if somewhat necrosed, in some minds. Nevertheless, Guy's performed admirably, and excelled in the set scrum (except for Fatman) pushing Nuneaton back on numerous occasions.

Lapses of concentration between bouts of heroic tackling let the mobile Nuneaton backs run in several good tries. The final score, although better than the previous year, was still not a good reflection of the run of play.

Guy's 1st XV v U.S. Portsmouth
Won 9–7

Winners! A great performance by all concerned to beat a team which was undefeated last season. Guy's opened the scoring with a penalty, but U.S. soon drew level. Weak tackling late in the first half led to a try for U.S. who applied very heavy pressure soon after the interval. The defence held firm, however, and snuffed out some determined attacks.

The departure of the Captain from the field saw Guy's raise their game, helped to a large degree by the timely arrival of Martin King as substitute. With ten minutes to go, some solid scrummaging and slick passing enabled Mike Coleman to score (on his birthday), which Toole converted. Special mention must go to Poole and Toole (the well-fleshed Welshmen) who played with tremendous fire and commitment. A sound performance all round.

Team: Cheah, Lewis, Seare, Conchie, Beardmore, (King), Scanlon, Meharg, Bowskill, Poole, Davies, Toole, Jones, Coleman, Mackenzie, Haley.

MEN'S HOCKEY

The season officially started on the Monday of Freshers' Week with the opening of the Freshers' Fair. This was a successful afternoon for the Club, 18 names being secured. This I am sure is not entirely unconnected with the fact that the stall was shared with the Ladies' Club who sent some stunning players to prey on the unsuspecting male Freshers.

The first outing of the term was equally successful. Eleven new faces made their first appearance at H.O.P. in the Freshers' Trial (we still have the names of the 7 who failed to turn up). All showed the same enthusiasm for the game but differed in their playing ability. However, with 13 players from last season with 1st team experience and several promising Freshers, the captain is assured of some selection problems – always a healthy sign.

Guy's v St. Thomas'
Won 2–1

What a start to the season! Two slightly weakened sides fought hard. Guy's went a goal down and showed great spirit in recovering to win. J. Hatfield, a fresher, scored a magnificent winning goal, neatly layed on by the captain's right boot. There were promising debuts from R. Russel, S. Wang and A. Mann as well as the aforementioned J. Hatfield.

Guy's v R.V.C.
Won 7–1

The first league game resulted in a comfortable win over the Vets who fielded only 10 players. Without their goalkeeper, they elected to play a kicking back who cost them several goals. We got into good shooting positions but many goals would have been saved by a competent (or complete) goalkeeper.

The first ten minutes showed Guy's to be half asleep. This could have been due to the hypnotic effect of yoga as a pre-match warm-up. However, we survived this period and, after scoring our first goal, went from strength to strength. J. Hatfield scored 4 goals (this cost him a jug) and I. Cranston missed the same number (this cost him a jug and earned him the Team Tosser award).

Thanks must go to the Ladies' captain who was recruited to umpire at 1 p.m. in the Spit and did a splendid job.

This first proper victory for the captain was celebrated not only with the downing of 8 gins but with an additional double from the opposition. I would like also to thank Mr. J. Spencer for his continued support and for being so considerate as to leave when the captain started slurring his speech.

Guy's Social XI v Imperial College III
Won 2–1

Due to the influx of new players, a fixture was arranged for those with a leaning towards social hockey. With many of the Freshers unavailable, it was left to the 2nd year Medics to make up the bulk of the side. S. Ward, J. Brooker, D. Quick and Zaheer Yousef all made their debuts, with varying degrees of success. S. Ward broke a finger, J. Brooker lost a bangle, D. Quick played too well for the opposition and Zaheer kicked everything in sight.

The best performances were kept for the bar. Zaheer earned himself the Tosser's Tie for the immortal line "I'm sorry but I wasn't wearing my glasses." He was carried back to Guy's and put to bed while the festivities continued in the Bar ending with a splendid curry in Tower Bridge Road for 3 members of the team.

Bacchus

ATHLETICS CLUB
UH Championship 1986

The University Hospitals' Championship was held this year on 28 May at Motspur Park. Unlike the rest of the athletic season, the sun graced us with its presence.

The match was a close contest between Guy's, St. Thomas' and St. Mary's, in fact so close that the results had to be checked and recounted 3 times. On the night St. Thomas' left with the shield and a lot of jeering but had to eat their words on the final recount a week later. The result stood at:–

Guy's	210 points
St. Thomas'	209½ points
St. Mary's	203½ points

St. Thomas' were not too happy being separated from the shield which they held last year.

We had a small team of 17 men and women, who managed to cover all of the events.

The men were strongest in the field events. Richard Healicon (Vice Captain) was 1st in the B Shot and Hammer. Adrian Morris hauled in a load of points with 1st A Hammer and Shot, 2nd A Javlin and 5th B Long Jump. Mark Dinwoodie (who returned from his regional to compete) partnered Adrian in the Javelin with a notable 1st in the B event. Colin Hawkes once again showed his versatility. The ULU Football Captain came 1st in A Long Jump and B Triple Jump with a 5th placing in the B 100m. Nigel Monaghan was injured before the meeting but still competed for valuable points, 3rd A High Jump and 6th B 400m. Newcomer Adnan Tufail jumped well for a 1st in the A Triple Jump. After having his arm twisted, Dominic Yu came 1st B High Jump and 4th B 200m.

On the track, dynamic duo Sal Khakoo (or Khhakoo!) and Adrian Millman were both placed 6th in their respective 'strings' of the 800m, Adrian also placed 6th in the A 200m. Mike Allen came through to win the A 400m after a previous injury. In the longer distances Parimel Manek came 5th in A 1500m and 4th B 3000m with Will Miles coming 2nd in the A event. The 4 x 100m relay team of Colin Hawkes, Pete (Arny) Mackenzie, Dominic Yu and Adrian Millman were 5th.

Now for the Ladies!! Elli Elson won the A Discus with a throw that was 6m further than her nearest rival and she also had 1st placings in B Shot and Javelin. Just to prove that little legs are useful she also came 3rd B 100m but was spared long jumping this time round by Suzanna Roughton who drew the short straw. Suzanna competed well to come 3rd B Long Jump, 2nd B High Jump and, to show her versatility, 3rd B 200m. In the middle distance, Lesley Marles ran well for 3rd in both A 400m and A 800m. Hillary Moakes came 2nd B 400m and 4th A 1500m. Liz Warburton ran two gruelling races in the evening, coming 4th B 800m and 2nd B 1500m. Joanne Taylor competed in 8 of the 11 events: 1st A Javelin, Shot, High Jump and 200m, 1st B Discus and 2nd A 100m and Long Jump. The relay team of Elli Elson, Hillary Moakes, Suzanna Roughton and Joanne Taylor finished the evening off with a respectable 3rd place.

Well done and thanks to everyone for the team effort.

Anyone interested in athletics please contact Nigel Monaghan via Athletics Club pigeon hole.

Joanne Taylor (Captain)

RIFLE CLUB REPORT

United Hospitals Cup

The United Hospitals Cup was held on Friday 18th July, part of the 117th National Rifle Association Annual meeting at Bisley.

The day started at the ridiculous time of 7 a.m. The apparent reason for this was that we could then get to Bisley with enough time to have a practice before the competition – logical thinking but not appreciated at the time. Dave Bolton and I got to Waterloo Station at the agreed time and waited for Adam Slade. When he got there, he told us, in his usual exuberant way, that he had thought the competition was small-bore, not full-bore – which he had not shot in 5 years (Perhaps the practice was a good idea). We got to Bisley in good time, though Dave had tried to annoy a rather overbearing ticket inspector by pretending that he had lost his ticket and insisting on searching through every pocket but the right one. Once at Bisley, we set about choosing our rifles and cleaning them. Dave and Adam went off to practise and I went to look for Alex Paddon, who had arranged to meet us at Bisley. Not finding Alex I decided to take one of the rifles to Fulton's, since we could not work out how to remove its bolt. The man at Fulton's could not work it out either, but a friendly old shooter – a friendly breed, us shooters! – showed me how: you had to cock the rifle, pull the trigger forward, and then, without letting go of the trigger, pull the bolt out – fiendish! Anyway, on the way back, I espied one Alex Paddon, looking decidedly lost and peering at people's faces with a pair of binoculars to confirm that he did not recognise them. Having grabbed Alex, we cleaned out the rifle and went to the practice range. There we discovered that the rifle did not have a rear sight; which was probably why I was shooting everyone's target but my own. At this point, time was getting a little short and so, in a panic, we began cannibalizing rifles so that we would have enough 'working' rifles for the competition. Having done this, and literally eating out lunches on the run, we proceeded to the firing point.

The whole Guy's Team assembled on the 300 yd. firing point a record 15 minutes before shooting was due to begin. Some last minute confusion over who was and was not eligible to shoot was clarified by an NRA ruling, leaving us with only two full teams (each of two current and two ex-Guy's shooters). The competition consisted of two sighters and seven shots to count, at 300, 500 and 600 yds. The aggregate of each member's scores gave the team total. Shooting began at 1.15, only to be interrupted by all the targets being lowered out of sight, before the allotted time had elapsed. A few minutes (and some choice words) later the targets reappeared, and shooting continued. Everyone turned in good scores at 300 and 500 yds, despite a tricky wind. However a quick check showed Guy's A to be 4 points adrift of both St. Thomas' and London A. Guy's B were faring better, being in the lead by 4 points. The final totals after 600 yds, however, showed that St. Thomas' had beaten Guy's B into second place; the margin again being 4 points. Guy's A were just one point behind, as were London A. Guy's 'counted out' London A for 3rd place as we had the higher score at 600 yds. Adam Slade, who thought he would be shooting small-bore, was awarded the NRA club medal for the highest scoring 'current' shooter; a score of 103 (out of 105) including highest possible scores at 500 and 600 yds. Many thanks to all the ex-Guy's shooters for some excellent coaching and shooting; and especially to Col. Boulton for the organisation. The very high standard of shooting encountered at this level makes the final positions of 2nd and 3rd especially pleasing.

Final Posns: 1) St. Thomas' 394, 2)Guy's B 390, 3) Guy's A 389, (out of 420 possible), UMDS, 4) London A 389, 5) London B

Teams:

Guy's A: K. Pilcher, R. Mackieth, J. Quinn, D. Alderson

Guy's B: J. Bellringer, D. Boulton, A. Slade, A. Paddon

Guy's C: B. Rich, S. Gautama

We finished about 4 p.m. and after cleaning the rifles and putting them away, we proceeded to Col. Mackieth's caravan, where we had been invited to tea. There we gorged ourselves on sandwiches, sausage rolls and other goodies including a delicious walnut cake (*and lashings of ginger beer? – Ed.*) It was good to see that the ex-Guy's

men all had a great sense of humour and a healthy disregard for boring old formalities. Indeed, having taken our rather informal group photo, I suggested a more formal photo with the "old Guy's" men sitting in the front (to give them a rest); whereupon my foot was stood upon, but in the nicest possible way. I would like to thank Col. Mackieth, but, more so, his wife for the lovely tea they put on for us. After a very enjoyable, but slightly disappointing, day we set off for home. Dave, Alex, Adam and I were offered a lift to the station by James and we accepted. However we managed to lose Alex on the way to the car, and after waiting for him for half an hour we set off for the station. Waiting for the train, we chatted about how unlucky Alex had been to miss his lift and wondered whether he would get to the station in time for the train; when whom should we see walking out of the station toilet, but Alex, looking very pleased with himself. The day ended quietly, with Dave getting us on the wrong train home.

I would like to thank everyone who came down to shoot for us and for making it such an enjoyable day. I would also like to thank the two Simons (S. Smallwood and S. Horner) for all their help. Unfortunately they were not allowed to shoot for us. Although there were five and a half teams shooting at the Hospital's Cup, only three hospitals were represented. I would like to appeal to the other schools to get their acts together and enter teams. It only remains for me to say – watch out for next year, Guy's are a force to be reckoned with.

Smallbore

TENNIS CLUB

Ladies'

This was an extremely successful season for the ladies' team. We were undefeated and convincingly beat Bart's to win the U.H. Cup and University College to win the U.L. Cup. We were happy to field several physiotherapists this season and hope to continue with such a joint team.

Men's

The men's team had some difficulties in getting a regular six with sufficient "depth". The short electives, exams and other work commitments ensured that we never fielded our best six. Indeed it was not clear who they were until the very end of the season when we had the potential for a very good Hospital's team.

Our success story came with the help of the ladies in the U.L. mixed doubles cup: we played University College in the final but were narrowly defeated due to their excellent men.

The mixed doubles tournament at the Summer Festival was very enjoyable despite the continuous drizzle. In a very good final Simon Charlesworth and Wendy Harris beat Earl Read-Ward.

Played: Ladies – Janet Neal (C), Wendy Harris, Phil Carter, Liz Ellis, Jane Emerson, Louise Gillingwater, Debbie Brown, Rowena Bevan, Liz Warburton.

Men – Mark Sopher (C), Andy Goode, Simon Charlesworthy, Mark Appleby, Nick Julien, Boris Barbour, Steve Ward, Chris Wood, Devinder Chauhan, Bhupal Chitnavis.

Janet Neal
Mark Sopher

Hospital Information

PAPERS BY GUY'S PEOPLE

Allen, L. D., Crawford, D. C., Chita, S. K., Anderson, R. H. and Tynan, M. J. Familial recurrence of congenital heart disease in a prospective series of mothers referred for fetal echocardiography. **American Journal of Cardiology**, 1986, **58**(3), 334–337.

Armstrong, D. The invention of infant mortality. **Sociology of Health and Illness**, 1986, **8**, 211–232.

Bevan, G. RAWP and how transport and crows get to hospital. **Health Service Journal**, 1986, **96**, 1155.

Cawson, R. A. Dental causes of headache. **Handbook of Clinical Neurology**, 1986, **4**(48), 391–394.

Cawson, R. A. Temporomandibular cephalalgia. **Handbook of Clinical Neurology**, 1986, **4**(48), 413–416.

Clarke, C. A. and others. Evolution in reverse: clean air and the peppered moth. **Biological Journal of the Linnaean Society**, 1985, **26**, 189–199.

Clarke, P. and another. Operating theatres: two factions – one function, and team work is the key. **Health Service Journal**, 1986, **96**, 1266–1267.

Coe, P. (Correspondence.) **British Medical Journal**, 1986, **293**, 695.

Cox, T. and others. Recurrent sterile meningitis caused by a pituitary abscess. **Postgraduate Medical Journal**, 1986, **62**, 929–931.

Gillard, J. H., Kirkham, F. J., Levin, S. D., Neville, B. G. R. and Gosling, R. G. Anatomical validation of middle cerebral artery position as identified by transcranial pulsed Doppler ultrasound. **Journal of Neurology, Neurosurgery and Psychiatry**, 1986, **49**, 1025–1029.

Hall, S. M. The effect of inhibiting Schwann cell mitosis on the reinnervation of acellular autografts in the peripheral nervous system of the mouse. **Neuropathology and Applied Neurobiology**, 1986, **12**, 401–414.

Handler, C. E. Assessment of chest pain and the diagnosis of myocardial infarction. (Editorial note.) **International Journal of Cardiology**, 1986, **13**, 23–26.

Hayward, J. L. and others. Thyroid function and the incidence of breast cancer in Hawaiian, British and Japanese women. **International Journal of Cancer**, 1986, **38**, 325–329.

Holt, P. and Boyd, E. G. C. A. Developments in the high energy endocardial ablation technique: toward low energies. **International Journal of Cardiology**, 1986, **13**, 1–7.

Houston, W. J. B., Maher, R. E., McElroy, D. and Sherriff, M. Sources of error in measurement from cephalometric radiographs. **European Journal of Orthodontics**, 1986, **8**, 149–151.

Hughes, R. A. C. Demyelinating neuropathy. **Handbook of Clinical Neurology**, 1985, **3**(47) 605–627.

Jarrett, R. J. (Correspondence.) **Lancet**, 1986, **2**, 628.

Jarrett, R. J. Perceptions of Health. **Diabetic Medicine**, 1986, **3**, 347.

Macdonald, D.M. and others. Circulating antibodies to gliadin subfractions in dermatitis herpetiformis and linear IgA dermatosis of adults and children. **Clinical and Experimental Dermatology**, 1986, **11**, 502–509.

Masters, N., Lobley, M., Lundy, S., McCulloch, T., Pierce, M. and Temple, A. Ethical guidelines for sick doctors. (Correspondence.) **Journal of the Royal College of General Practitioners**, 1986, **36**, 428.

Rankin, S. Diagnostic techniques for parotid disease. **British Journal of Oral and Maxillofacial Surgery**, 1986, **24**, 311–322.

Robb, P. J. Aspergillosis of the paranasal sinuses. (Case report and historical perspective.) **Journal of Laryngology and Otology**, 1986, **100**, 1071–1077.

Saxton, H. M. Defence of Guy's management. **The Health Service Journal**, 1986, **96**, 1155.

Shearer, M. J. Assay of Coumarin antagonists of vitamin K in blood by high-performance liquid chromatography. **Methods in Enzymology**, 1986, **123**, 223–234.

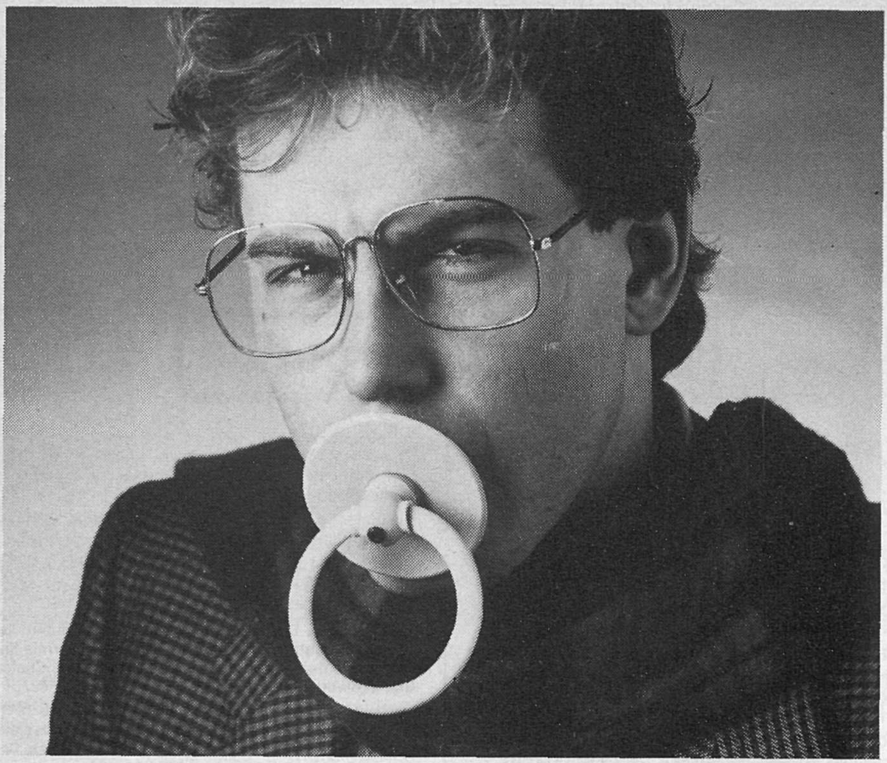
Shearer, M. J. Assay of K vitamins in tissues by high-performance liquid chromatography with special reference to ultraviolet detection. **Methods in Enzymology**, 1986, **123**, 235–251.

DEATHS

HOUGHTON, Margaret E. (née Broughton), M.B., B.S. (Guy's 1949–1955) D.C.H., D.P.H., of Begbroke, Oxford, on 10 July 1986.

WHAITES, Wilfred Charles, B.D.S., L.D.S.R.C.S. Died on 5 September 1986 after a long illness, aged 63. Qualified from Guy's in 1951 and worked in general practice in Harare, Zimbabwe for over 30 years. Founder member and Past President of the Zimbabwe Dental Association.

WHAITES, Annette Mary (née Clover), B.D.S, L.D.S.R.C.S. Died tragically on 14 April 1986, aged 29. Qualified from Guy's in 1979 and worked in both general practice and the Community Dental Service in Surrey.



One toothbrush treats you more seriously than others.

While other companies were thinking up gimmicks, we were busy designing toothbrushes. The Search range for example has the most advanced features. They are preferred by the vast majority of dentists.* Each has a straight handle with a broad contoured grip for better brushing control. Their long slim necks and ultra compact heads make it easy to clean where others can't, even reaching those awkward areas at the back of the mouth. And they contain more fully rounded filaments than any comparable toothbrush. Sensodyne make the most comprehensive range of toothbrushes available. There's one to suit the needs of ALL your future patients.

Stafford-Miller Ltd., Hatfield,
Hertfordshire AL10 0NZ.

*Annual Dental Survey 1983.

SENSODYNE 5

SENSODYNE SEARCH
THE ULTIMATE IN BRUSHING PERFORMANCE.

THE WILLS LIBRARY
GUY'S HOSPITAL
LONDON S.E.1
12 DEC 1986

Guy's Hospital Gazette

ISSN; 0017-5870 Tel. No: 01-407 7600 Ext. 2023

EDITORS NEVILLE PURSSELL AND MARTIN STEFAN
NEWS EDITORS JEREMY GREGG AND STEPHEN WARD
SPORTS CORRESPONDENT STUART MILLAR
PHYSIOTHERAPY CORRESPONDENT RONALD COOPER
MANAGER SYLVIA RODD

The opinions expressed in these columns are solely those of their authors and are not to be taken as the views of the Hospital as a whole.

Contents

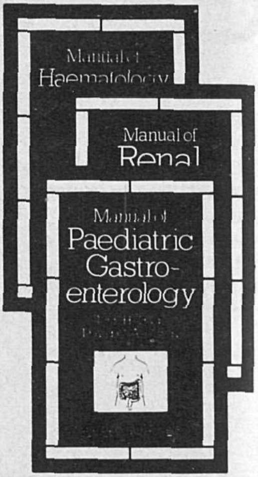
Page
PASSIM 417
NEWS IN BRIEF 419
OBITUARY
Kitty Bulleid 423
APPRECIATION
Donald Bompas 425
CLUBS' UNION NEWS 428
QUODLIBET SOCIETY – THE VIRGIN YEARS OF TELEVISION
reviewed by Mark Slade 431
FLOW CYTOMETRY AND THE PETER GORER UNIT
by Professor M. Adinolfi 433
THE TENTH ANNUAL INTERHOSPITAL REVUE
reviewed by our Theatre Correspondent 437
MOTORCYCLING THROUGH THE ANDES – A DIFFERENT WAY TO SPEND YOUR SUMMER. PART I
RESEARCH AT GUY'S 438
RESEARCH AY GUYS
Physiology 442
PHYSIOTHERAPY 443
THE BORE REPORT 445
CORRESPONDENCE 446
BOOK REVIEWS 450
SPORT 451
HOSPITAL INFORMATION 457

DECEMBER 6, 1986 VOLUME 100 NUMBER 2368
Published Monthly at Guy's Hospital, London. All rights reserved.

Pass your exams with Churchill Livingstone

The Manuals Series

These have been specially developed for the busy trainee on short term attachment in a particular speciality. The straightforward down-to-earth style tells the clinician how to deal with identified conditions and the problems which arise on a day-to-day basis.

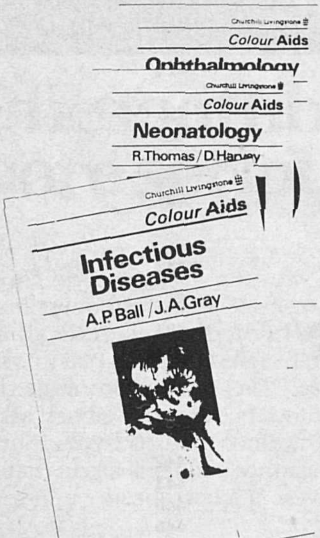

Manual of
Haematology
Manual of
Renal
Manual of
Paediatric Gastro-enterology

Available now
Manual of Haematology *Baughan et al*
1985/284 pages/paperback/£9.95
Manual of Renal Disease *C B Brown*
1985/240 pages/paperback/£7.95
Manual of Paediatric Gastroenterology
J H Tripp and D C A Candy
1985/160 pages/paperback/£8.95
Manual of Clinical Blood Transfusion
B Brozovic and M Brozovic
1986/176 pages/paperback/£9.95
Manual of Chest Medicine *Stark et al*
1986/192 pages/paperback/£9.95
Manual of Gynaecology *Varma*
1986/250 pages/paperback/£11.95

Other forthcoming titles
Manual of Gastroenterology
B J Cooper and R E Berry
Manual of Cardiology
K Dawkins
Manual of Rheumatology
J M H Moll

Colour Aids

The unique self-study and revision guides from Churchill Livingstone. Since the appearance of the first five titles in April '85, the series has grown in popularity, and now more titles are being added to cover even more of the specialities and conditions liable to be encountered by medical undergraduates and junior hospital doctors.


Churchill Livingstone
Colour Aids
Ophthalmology
Churchill Livingstone
Colour Aids
Neonatology
R.Thomas / D.Harvey
Churchill Livingstone
Colour Aids
Infectious Diseases
A.P.Ball / J.A.Gray

***Colour* Aids** are unique because:—

- They are well illustrated with superb colour photographs throughout.
- The illustrations are accompanied by a concise but detailed text which explains the features shown.
- They contain all the fundamental knowledge needed by medical students and examination candidates in all fields.
- At £5.95 they are reasonably priced to make them readily accessible to medical students and trainees.

Already available
Hand Conditions *D W Lamb and G Hooper*
Infectious Diseases *A P Balland and J A Gray*
Neonatology *D Thomas and R Harvey*
Ophthalmology *J J Kanski*
Rheumatology *J M H Moll*

Due early/Mid '86
Orthopaedics *G Hooper*
Haematology *D Linch and A Yates*
Paediatrics *D Thomas and R Harvey*
Endocrinology *P H Wise*

Coming later
Oral Medicine *R Cawson*
Dermatology *J D Wilkinson*
Oral Pathology *R Cawson*

Churchill Livingstone

Churchill Livingstone titles are available from medical booksellers, or, in case of difficulty direct from the publishers at the address shown: Churchill Livingstone, Robert Stevenson House, 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Passim

The State of the Union

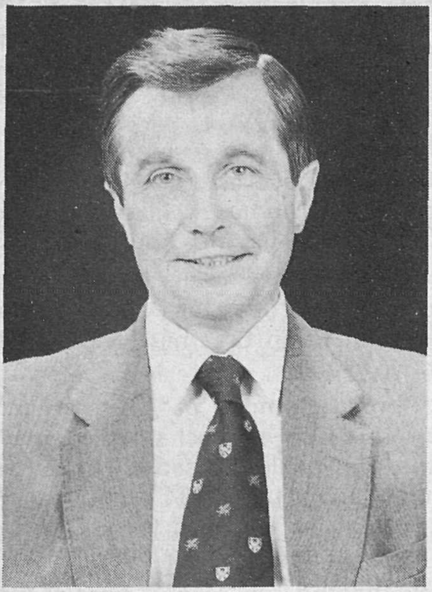
The new Dean and Secretary of U.M.D.S. gave an interview to the Editors of both the *Guy's Gazette* and the *St. Thomas's Gazette* on 4th November to introduce themselves, talk about the first four years of U.M.D.S.'s existence and outline their view of the future.

Professor Tim Clark is well known to us and has been the Dean of Guy's for the last two years. He now succeeds Dr. Brian Creamer as Dean of U.M.D.S., a post he will hold for the next two years.

Mr. Simon Argles succeeds Mr. Donald Bompas as Secretary of U.M.D.S. After a career in the Royal Navy in which he reached the rank of Captain and was Naval Attaché in Paris, Mr. Argles joined U.M.D.S. in September 1983, becoming Deputy Secretary in January 1984. As Secretary now, he is often to be seen at Guy's, though he is based largely at St. Thomas's.

The Dean and Secretary hold the view that the transitional phase of the union between the two medical schools is largely over and that the way forward is towards a tighter union. The impression they gave was that the identities of Guy's and St. Thomas's Medical Schools would amalgamate to the extent that if asked "Where are you studying?", our medical students would answer "U.M.D.S.". This process has already started with the institution of a common selection policy and procedure, which was outlined in the *Gazette* of 19th July 1986. In addition, the finishing touches are being put to a common clinical curriculum for U.M.D.S. which will mean that clinical students, irrespective of whether they are nominally based at Guy's or St. Thomas's, may undertake clinical firms at any of the hospitals in the U.M.D.S. group. Thus "Guy's" students will be spread out over a much wider area than they have previously experienced, though even now they are often sent out to learn their medicine in the hinterland.

For the preclinical students, the Dean and Secretary stated that we will see the courses at Guy's and St. Thomas's combined into a single course at some point in the future. At present, the two compatible courses are held separately, with some shared lecturers, and have a common exam. Whether a combined course will mean having the first year at one school and the second at the other school, as suggested by one senior University of London official, or some other arrangement, is ultimately an administrative question, although one that will not easily be resolved. There are many practical considerations to take into account, not least teaching staff levels and the size of lecture theatres, dissection rooms and laboratories for practicals to accommodate what is at present about 200 medical students per year. One consideration for the students is that they should not spend all their time travelling from one campus to the other to attend a lecture here, a lecture there, etc. The Dean and Secretary are determined to avoid this potential pitfall.



Professor Tim Clark

Mr. Simon Argles

The Dean and Secretary emphasised strongly that the students will find a new identity in U.M.D.S. Whether this means a combined Clubs' Union at the expense of the present two is obviously up to the students, and only time will tell. On one hand, pooling the talents of both schools will mean an increase in the standard of many extracurricular activities such as sport, theatre and music. On the other hand, we were left with the feeling that, with the dispersion of students over more sites and hospitals, some of the overall *esprit de corps* of the student body will be diminished, and increasingly we will be left with a small number of "doers" and a rather large apathetic core.

However, U.M.D.S. is here to stay and it is obviously up to us to make the most of it; as the Dean and Secretary emphasise, it is our only future. As U.M.D.S., Guy's and St. Thomas's hold more political, financial, academic and clinical power than as separate entities. The administrative functions have already been combined, the clinical teaching changes will take place soon, to be followed at a later, unspecified date by the preclinical. As stated earlier, the Dean and Secretary surmise that combining student extracurricular activities is impossible to programme, but will gradually evolve and will only be complete well after all the current students, who entered Guy's or St. Thomas's as opposed to U.M.D.S., have qualified. So maybe in the next five or ten years you will be reading the *U.M.D.S. Gazette* or perhaps there will still be a Guy's corpus and a nostalgic Editor.

News in Brief

Professor D. B. Gower

The University of London conferred on D. B. Gower, of the Division of Biochemistry at U.M.D.S., the title of Professor of Steroid Biochemistry from 1st October 1986.

Professor Brian J. Rowlands

On 1st October 1986, Professor Brian J. Rowlands took up the appointment of Professor of Surgery and Head of the Department of Surgery at the Queen's University of Belfast.

Charities' Week 1987

This year, Charities' Week (23rd-30th January 1987) is in aid of the Evelina Children's Department at Guy's which, with the assistance of the McDonald's Hamburger chain, plans to set up a 'Ronald McDonald House'.

This house will provide a home-like atmosphere where parents and close relatives of seriously ill children can stay, sometimes for long periods. This will greatly decrease the inconvenience of arduous journeys for the parents, and allow them to spend more time with their children at a time when a family most needs to be together.

If you wish to help in any way, please contact Angela Feazey (2nd BMS) via Charities' Week Pigeon Hole, Boland House.

Any donations would be greatly appreciated – please make cheques payable to: "The Evelina Children's Family Trust Limited". Send them to: The Ronald McDonald House, c/o Administration Department, Guy's Hospital, St. Thomas's Street, London SE1.

Accepted for the London Marathon?

Congratulations! Over the last few years, the Guy's Kidney Patient Association (Guy's KPA) has raised £100,000 to help the patients in the adult and children's kidney units at Guy's. This year, they hope to do even better and, having had 50 runners sponsored for them in last year's race, hope to have 100 this year.

If you would like to get sponsorship for your run in the London Marathon for this important cause, please contact either Professor J. Stewart Cameron, Clinical Science Labs, 17th Floor, Guy's Tower, extension 2445, or Mr. Alec Schwartz, Chairman — Kidney Patients Association of Guy's Hospital, 1 Garden Close, London SW15 3TH.

Christmas Concert

Guy's Hospital Music Club are giving this year's Christmas Concert at 7.30 p.m. on Tuesday 9th December in Southwark Cathedral. The programme is to be conducted by Jonathan Pollard and will include:

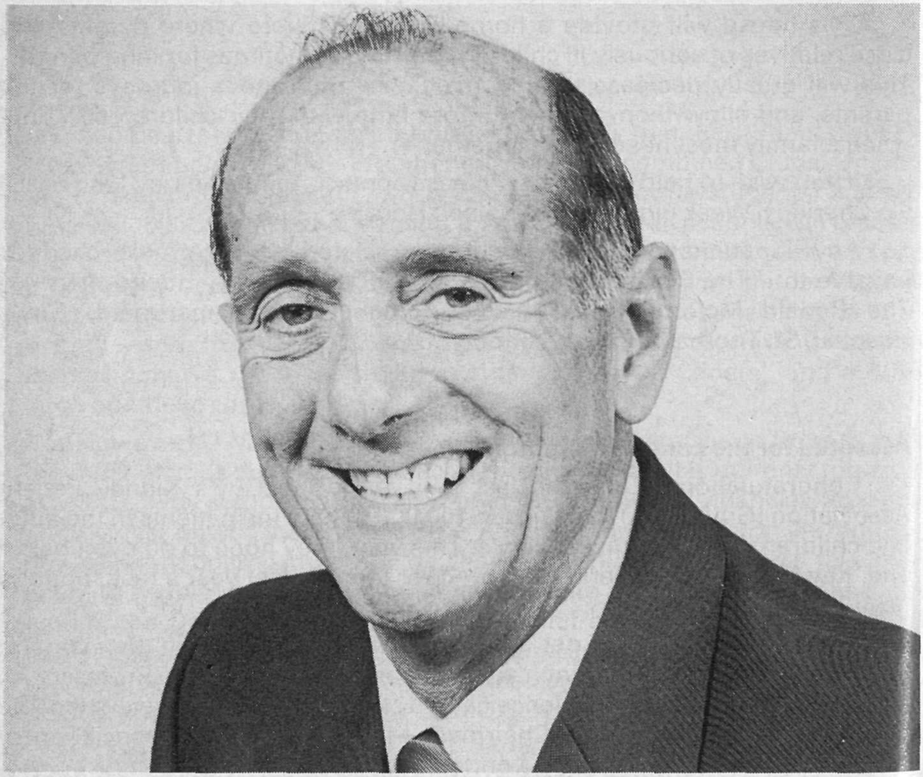
Dvorak – Te Deum
Britten – Ceremony of Carols
Beethoven – Symphony No. 8, 1st movement
Seasonal Carols sung by Guy's Madrigal Group

Tickets will be available from Boland House and at the door – price £1.50.

Mr. Leonard Porter

Mr. Leonard Porter first came under the care of Guy's Hospital in May 1961. In 1986 he thought he should commemorate 25 years of care by buying some books for the Wills Library. Thanks to his generosity the Wills Library have purchased the *Oxford Companion to Medicine* and the new edition of *Respiratory Diseases* by Crofton and Douglas.

Mr. Porter has always been a very loyal supporter of Guy's and must be one of the few patients who receives the *Gazette* by subscription. He has always maintained a lively interest in Guy's and his gift to the Wills Library has provided him with a practical way of saying thank you for the care he has received.



Issues In Health Group – Benefit for the Nicaragua Health Fund

Thanks to everyone who supported the benefit on 7th November. £680 was raised for the Nicaragua Health Fund, which is a registered charity sponsored by, among others, Oxfam, War on Want, and Christian Aid. The funds raised will go to the Lenin Fonseca Hospital in Managua to fix their ventilation system and X-ray machine.

Any health workers or students interested in further involvement should contact the Issues in Health Group, c/o Boland House.

The Nicaragua Health Fund is currently setting up an elective programme with Managuan hospitals. If interested, please contact Sarah Dickson, NHF, 83 Margaret St, London W1N 7HB or tel. 580 4292.

Gazette Christmas Raffle

There is still time to return raffle ticket stubs and money for the Christmas draw, which will take place on 17th December. We extend our grateful thanks to those readers who have already bought theirs.

May we also take this opportunity to wish all our readers a very happy Christmas and prosperous New Year.

Front cover

This month's cover is by Stephen Ward.

Christmas Shopping List

Ties – U.M.D.S.	£3.50
– striped	£2.25
– crested	£3.70
– rugby	£1.30
Scarves – Guy's and ULU	£7.50
Sweaters – navy blue, black, grey, sky blue, cream, beige burgundy – size 34"-46"	£14.70
Sweatshirts – navy blue, sky blue, royal blue, denim blue, green, red, white, black, pink, yellow, grey, fawn, burgundy – size small, medium, large, extra large	£7.50
T-shirts – blue, lemon, grey, green, red, white, black, navy blue, burgundy – size small, medium, large, extra large, extra extra large	£3.50
Cufflinks	£5.50
Tie pins	£2.15
Lapel badges	£2.15
Blazer buttons – 1½cm	£2.25
– 2cm	£2.40
Blazer badges	£2.70

Hockey and rugby shirts to order – please make cheques payable to Guy's Hospital Clubs' Union and enclose postage and packing of 50 pence.

Gazette Staff Changes

We welcome Stuart Millar as our new Sports Editor and Stephen Ward as News Editor. Sadly we must say goodbye and thank you to Navroz Masani, who retires from his post as Sports Editor, and Jonathan Cieslicki, who retires as News Editor. We wish them both luck in their finals in June.

Last Month's *Gazette*

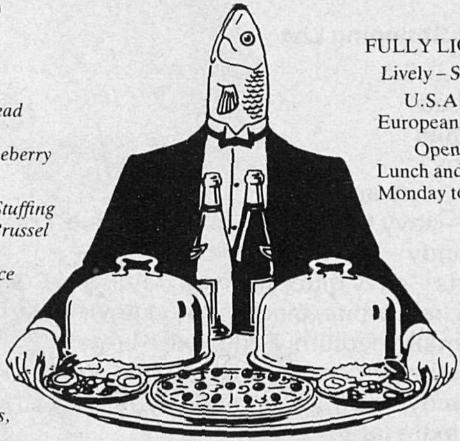
Due to an error in the collation of the printed pages, a few copies of last month's *Gazette* were distributed with some pages duplicated and others omitted. The *Gazette* wishes to apologise for this error and will replace any such defective copies.

Guy's Societies around the world

The *Gazette* would be pleased to hear from Guy's Societies, national or international, with a view to publishing details of their activities. Please address all correspondence to the Editors.

Christmas at . . .

THE CLEARING HOUSE



FULLY LICENSED
Lively – Spacious
U.S.A. and
European Cuisine
Open for
Lunch and Dinner
Monday to Friday

Farmhouse Vegetable Soup
or
Smoked Salmon with Brown Bread
or
Deep Fried Brie with Port and Gooseberry Relish

Roast Turkey with Sage and Onion Stuffing
Roast Potatoes, Buttered Carrots, Brussel Sprouts
and Chipolatas: Cranberry Sauce

Christmas Pudding
with Brandy Butter
and a Hot Mince Pie

Stilton Cheese with Biscuits

Cona Coffee, After Eight Mints,
Christmas Crackers,
Streamers Hats etc.

10 Montague Close (Main entrance off Tooley Street)
or side entrance on London Bridge SE1 9QQ

Price: £14.50 per person (inclusive of V.A.T.) exluding 10% service charge. The Christmas menu is available at Lunch and Dinner from 25th November-24th December (Lunch only). Bookings for the Christmas menu are essential and must be received with at least 24 hours notice. Please phone 407-0927 or 378-6778 to make your reservation.

Obituary

Kitty Bulleid

Kate Gertrude Cook was born in 1892. She came to Guy's as a Probationer Nurse on April 14th 1915 and completed her training in July 1918. She then did private nursing until 1921 when she married Arthur Bulleid at St. Stephen's Church, Ealing.

She was soon back at Guy's and was an active member of the Ladies' Association, a precursor of the present Friends of Guy's. She also served on the Council of the Nurses' League from 1944 and was Chairman of Council from 1946 to 1957. She was responsible for compiling the Register of Members from 1969 to 1974 and was a Vice-President of the League from 1974.

She worked indefatigably for patients in the Ladies' Association, generally attending to their welfare and comfort.

I first met Kitty on a Great Western train at Paddington at the age of six, bound for Devon on our family holiday. My father, a great friend of the Bulleids, announced before the journey to me and my two sisters that we were to be joined in our reserved compartment by two friends of his. We put our heads together and decided that we were not going to like this couple. How wrong we were when we met jolly Arthur and this pretty, petite, vivacious lady, who at once presented each of us with the latest invention – an unburstable rubber "Sorbo" ball, which bounced better than any ball had ever bounced before!! Of course Kitty won our hearts immediately. This gesture and thoughtfulness for three young children, whom she had never met before, typifies her; she always showed such interest and concern for all with whom she came in contact, especially the young.

It was, I think, a great disappointment to her that she was not blessed with children of her own, but never for one moment did it colour her outlook on life nor render her sour or frustrated. She had such strength of character and natural love that disappointment only made her more devoted to the children she knew and we were able to enjoy this love.

She has been my life-long friend and it is remarkable that she took such interest in a younger generation, not related in any way. This was Kitty all over, a more attractive person one would have to look far to meet.

She lived to a great age and never lost her interest and love for all those around her, always so grateful for any kindness shown to her, a dedicated Guy's nurse – an example to us all.

When I was a student and later on the Dental Staff, I would often see this little figure with a sunny expression, hurrying along St. Thomas' Street or through the Colonnade on her way to the Ladies' Association sewing "bee", where the loyal wives of the Staff made garments and knitted for the patients, many of whom were very poor and could not afford a nightdress, let alone a pretty one. This was long before the Health Service, when Guy's was totally dependent on the voluntary work of these dedicated ladies.

The sudden and unexpected loss of her beloved Arthur, whom she adored and worshipped devastated her, but in time she overcame her grief and devoted herself to all sorts of voluntary work for Guy's.

After many years, living alone at her flat in Ealing with arthritic disability increasing, there came a time when she could look after herself no longer. Of course, albeit reluctantly, she recognised this and was delighted to be offered accommodation at Howard House at Gerrards Cross, a home for retired nurses. How grateful she was for their loving care and, whenever I visited her, always spoke so warmly of the staff and other residents. Naturally she was never a passenger there, because she attended diligently to the garden until her physical disability overcame her and she was unable, most regretfully, to continue.

Her health slowly deteriorated and with the complication of cardiac failure, she eventually became bedridden. Her humour and gratitude never deserted her and when I visited her in Chalfont Hospital two days before she died, she was still the same Kitty, wanting to cause no trouble to anyone and so grateful for all the loving care shown to her.

She slipped away peacefully and with dignity. This was Kitty Bulleid, a wonderful Guy's nurse. It was a privilege to know her.

M.M.

Guy's Hospital Gazette

We should like to remind our readers that all copy for inclusion in the "Gazette" must be received 15 days before publication. Copy dates for the next two months are January 14th and February 11th.

Copy may be sent to us at 23b St. Thomas' Street, Guy's Hospital, SE1 9RT.

Birth, Marriage, Death and Change of Address notices are inserted without charge to subscribers.

When subscribers notify the "Gazette" of Change of Address, would they please indicate whether or not this should be published.

Personal notices are charged at 10p per word (prepaid, minimum £2.00).
Non-subscribers are charged £2.00 (prepaid) for all notices other than Death.

Appreciation

Donald George Bompas, C.M.G., M.A.
Secretary of Guy's Hospital Medical School 1966 – 1984
Secretary of U.M.D.S. 1984 – 1986

In 1966 when Mr. W. E. Cook was in sight of retirement from the Secretaryship of the Medical and Dental Schools, a post in which he had given invaluable service over many years, and gloom was developing at the prospect of trying to carry on without him, Professor Ian Macdonald mentioned to me one day that he thought he knew of an ideal successor. How right he turned out to be! This was Donald Bompas, lately retired from the Colonial Service full of honour and achievement, but fortunately still young and seeking a new world to conquer. He had been Auditor-General in Malaya from 1960 to 1963, and after that country achieved independence had continued as Auditor-General, Malaysia, until 1966. He had been honoured by being appointed Johan Mangku Negara (J.M.N.) (Honorary) Malaya in January 1961 and C.M.G. in January 1966. He started at Guy's as Deputy to Mr. Cook, but after a few months it became clear that he was ready to assume office and in a few months more it became hard to believe that he had not been the mainstay of the School all his life. This was perhaps largely due to the fact that he did not content himself with doing the work of the day and doing it very well; he steeped himself in the history of Guy's, soon becoming an authority on the subject, and he strove constantly to foster all that is best in its traditions and ethos.

It very quickly became apparent that he possesses a rare combination of qualities, high intelligence and an almost infinite capacity for taking pains, a combination that no doubt goes a long way to explain his success. His appetite for work became legendary. From early morning until late at night he could be found at his desk, and during my term as Dean I used to say that the only time in the week I could visit the school without meeting Mr. Bompas (should I ever have entertained so strange a wish) was Sunday afternoon. His other enviable quality is a very lovable personality. During the many years he and I were together in the School, I think it would be true to say that his large staff to a man or woman not only respected his judgement and were aghast at his industry but counted it a privilege and a pleasure to work with him. The benefit to the School needs no emphasis.

During his term as Secretary, two major administrative problems had to be solved: the introduction of computerisation and word-processing and the union with the Medical School of St. Thomas's Hospital, and he achieved both with the maximum of efficiency and the minimum of fuss. Nor did his administrative ability go without notice in a wider field: from 1976 until 1982 he was Chairman of the University of London Purchasing Group which, working through 16 sub-committees covering most aspects of University activity, saved the University enormous sums of money. He was always freely available to help members of staff and students with their problems and took a keen interest in all aspects of student affairs, to their immense profit. Wolfson House, the upgrading of the pavilion at Honor Oak Park and the new Boathouse are but three of many enterprises in which his contribution was crucial.

It might be thought that he could have had no time for anything outside his work but this would be far from the truth. A Liveryman of the Merchant Taylors' Livery Company since 1951, he has maintained a keen interest in this venerable City Company and he is an enthusiastic and knowledgeable gardener as can be confirmed by anyone privileged to visit his immaculate Petts Wood garden, notable especially for its varieties of clematis and rose. His retirement is likely to be more a change of occupation than a period of relaxation; fortunately for us one of his activities will be to supervise the planning and execution of the academic elements in Phase III of the hospital's rebuilding programme.

It is a pleasure to acknowledge Donald Bompas's magnificent and many-sided work for Guy's and to wish him every possible happiness for the future.

J. C. Houston

Dr. Houston once claimed that his best act as Dean was to recruit Mr. Bompas to succeed as Secretary to the Medical School; of his many achievements as Dean one of them certainly was just that. Mr. Bompas came to the School having served a very distinguished career in the colonial service. For his devotion to duty and the excellence of his work he was awarded C.M.G. in 1966 and in his forties he returned to England and joined the Medical School.

He quickly became a loyal and devoted servant to Guy's. He ran all aspects of the School and became completely indispensable to the other officers and Deans. Dr. Houston has already described many of his achievements, so I would like to confine my attention to the time I knew Donald Bompas personally as Sub-Dean and later Dean of the Medical School.

During my time in the School, Donald Bompas has been a tower of strength giving me moral support as well as wise advice. His legendary ability to work very long hours not only provided him with the opportunity to get to grips with all the problems facing the School but also to take on new ventures which promoted its long-term interests as well as fostering an *esprit de corps*. His recent success in erecting plaques to Thomas Guy bears witness to his far-sightedness as well as to his sense of history. His interest in School matters extended to the constituent clubs within the Clubs' Union and one of his final acts before retirement was to ensure that the Boat Club moved into new premises and was given a secure foot-hold for the future. As a mark of its gratitude the Boat Club has made him a Vice-President, an honour which he will treasure.

Others may know Donald Bompas better than I, but I have had the rare privilege of working with him and can attest to every high quality attributed to him. It goes without saying that he will be sorely missed, but it is thanks to his efforts that the Medical School stands in very fine order structurally, academically and spiritually. In combination with the School at St. Thomas's, he helped to forge the union that led to the United Medical and Dental Schools of Guy's and St. Thomas's Hospitals. His work in this union has been referred to by Dr. Houston but it will remain a major testimonial to all that he has done for Guy's. Both in the past in developing the School at Guy's and in the future through U.M.D.S., Donald Bompas will continue to influence our affairs.

In view of his many contributions there is very little that I can do that will pay ample tribute to Donald Bompas, so on behalf of us all I would merely like to say thank you to him. Donald Bompas would like this as his natural modesty and reticence extended to his feelings concerning retirement. He felt strongly that he should be allowed to leave quietly having done his work. In accordance with his wishes we have not had a farewell party for Donald but everyone has given most generously to enable us to buy him a farewell present, details of which we hope to announce later this year.

In saying goodbye to Donald, it is very important that we also say farewell to Freda. His wife has been a great source of strength to Donald supporting him throughout the years when he worked so hard for the School. To both Donald and Freda I would therefore like to extend our heartfelt thanks and best wishes for the future.

T. J. H. Clark

Clubs' Union News

Mr. Donald Bompas

Most if not all students who have passed through Guy's in the past two decades will have met or at least heard of Mr. Bompas; rest assured Mr. Bompas will have heard of you! This is not an empty claim, for Mr. Bompas has always had the interests of students close to his heart.

Mr. Bompas came to Guy's in 1966 from his post as Auditor-General for Malaysia. He had been Secretary of Guy's Hospital Medical and Dental Schools since 1969, and Secretary of U.M.D.S. from 1984 to 1986. He played an important role in the merger of Guy's with the Royal Dental Hospital and in the formation of U.M.D.S.

Mr. Bompas has always shown a keen interest in the affairs of the Clubs' Union. His guidance has been of benefit to all member clubs. Some recent examples of this are the acquisition of our North Wales mountaineering hut at Pontrefoelas, the moving of the Boat Club to their own location with the Tideway Scullers at Chiswick, and general improvements in Clubs' Union facilities.

I am sure there are some students who will remember the fair way in which he handled their more serious pranks. Some may also remember him as the shadowy figure keeping an eye on student activities at "Hops" or in the bar.

Mr. Bompas will be missed especially by those who worked with him. *We wish him and his wife all the best in his "retirement". I use this word* cautiously, because one can still see the figure of Mr. Bompas scurrying across the Park to or from his abode in the Medical School where he is helping to steer Guy's into Phase III.

On behalf of students past and present, I would like to thank Mr. Bompas for all of his efforts with our Clubs' Union.

Preclinical Terms

The preclinical Medical and Dental Courses will be reduced from 11 weeks per term to 10 weeks per term next year. Guy's was the only Medical/Dental School to have 11-week terms. This new move is intended to bring us into line with other schools, so that our teaching staff can attend end-of-term conferences and to allow our students more time to study and assimilate what are already crammed courses.

Jazz Nights

This term four "Jazz Evenings" took place on alternate Monday evenings. The response to these was a mixed one, and unfortunately few students seemed to know of them. Next term four more evenings will be organised with a wider variety of music in mind.

Snowflake Ball

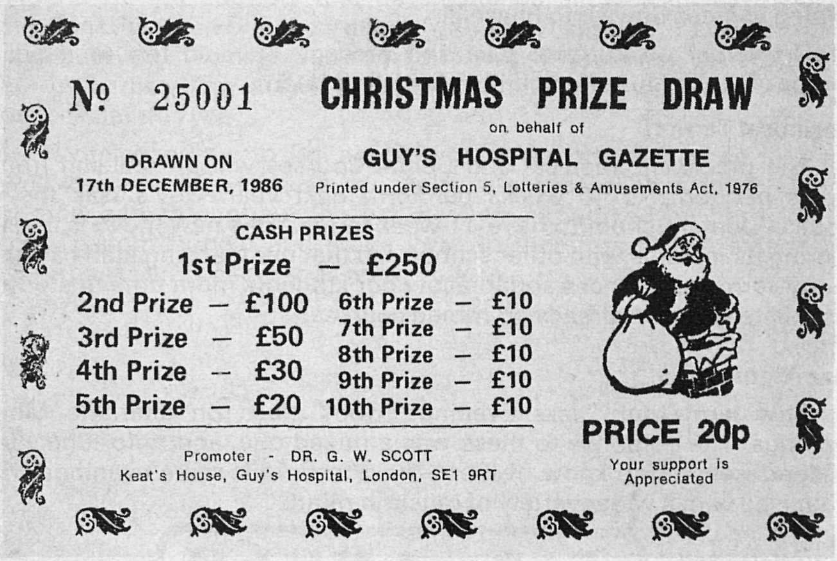
As the *Gazette* went to press the Snowflake Ball was held at the Glaziers' Hall. We hope that everyone enjoyed themselves and that the event was a great success. A full report will appear in the next issue.

Paul Cassar
Vice-President

Copy for the Gazette

Contributors are requested to supply copy with double spacing and preferably typed. Handwritten copy should be similarly double spaced and in legible script; names should be made especially legible by the use of capital letters.

Guy's Gazette Christmas Raffle



Nº 25001 **CHRISTMAS PRIZE DRAW**

on behalf of

GUY'S HOSPITAL GAZETTE

Printed under Section 5, Lotteries & Amusements Act, 1976

DRAWN ON
17th DECEMBER, 1986

CASH PRIZES

1st Prize — £250

2nd Prize — £100
3rd Prize — £50
4th Prize — £30
5th Prize — £20
6th Prize — £10
7th Prize — £10
8th Prize — £10
9th Prize — £10
10th Prize — £10

PRICE 20p

Your support is Appreciated

Promoter - DR. G. W. SCOTT
Keat's House, Guy's Hospital, London, SE1 9RT

Tickets cost 20p each
(£1 per book of five)

CASH PRIZES

1st Prize — £250

2nd Prize — £100
3rd Prize — £50
4th Prize — £30
5th Prize — £20
6th Prize — £10
7th Prize — £10
8th Prize — £10
9th Prize — £10
10th Prize — £10

Please return tickets with the appropriate remittance to –

Guy's Gazette Office, 23b St. Thomas Street,
London, SE1 9RT before December 11th

Quodlibet Society
The Virgin Years of Television

An address given to the Quodlibet Society on 11 November 1986 by Trevor Philpott of the BBC

reviewed by Mark Slade

One could be forgiven for not having heard of the Quodlibet Society: as Professor Lessof, welcoming the audience to this lecture, pointed out, one of the more "recent" meetings of the Society was addressed by George Brown, which gives an indication of how long it has been lying dormant.

The Society used to exist, and has been resurrected, in order to invite well-known speakers to Guy's. The lectures may be on literally any subject of interest, not necessarily connected with medicine. The invited speaker for this, the first meeting of the phoenix-like Quodlibet, was Trevor Philpott, a press and television journalist of great experience, who chose as his subject "The Virgin Years of Television".

The reason for Mr. Philpott's strange and apparently suggestive choice of title became clear as he began to describe the great disparity in experience and technical skill between the fledgling TV journalists of the 1950s, and those working on the by then highly-developed illustrated magazines. At that time, a TV outside broadcast from, say, Leeds required a team of nine men and a maximum of two, and preferably only one, camera set-ups per day. Cameras were heavy and fragile, and so our team in Leeds might produce a short film based on three differing views from the same point in the city square, followed by a "head shot" of the reporter. It was hardly surprising, therefore, that the resultant programmes seemed stilted and lacklustre.

In contrast, the illustrated magazines, of which the *Picture Post* was pre-eminent, carried the work of the finest news photographers in the world, and were able to send them, and an accompanying journalist, to cover stories which were quite inaccessible to TV crews.

Clearly this situation could not persist. Television, for all that its first steps were ungainly and painful, was nevertheless very much the coming medium. All that it needed was a catalyst, someone to show television how to solve the problem of the outside broadcast, and television photojournalism would come of age.

The solution came with the spectacular failure in the late 1950s of the illustrated magazines – victims of spiralling costs and the desertion of their advertisers to more specialist magazines. This threw whole teams of photographers and journalists of the very highest calibre onto the job market, among them Trevor Philpott and a photographer called Slim Hewitt. Armed only with a 16-mm camera and a highly-developed sense of what was newsworthy, Hewitt and Philpott decided to travel the world preparing short news and feature items, and sending them back to the BBC for screening. This did not endear them to the staff of the BBC Film Unit, with its nine-man crews, but by confining their attention to overseas stories they were allowed, grudgingly, to continue. The result was a fascinating series of short, candid films. Philpott and Hewitt were able to travel to locations, and to enjoy a degree of cooperation from their subjects, which would have been impossible for a more elaborate crew to achieve. Among the films which Trevor Philpott brought to show the audience were a travelogue of Venice, some footage of the early stages of the Vietnam war, a hard, unsentimental study of the lives of the men on Skid Row, and a look at the craze among Australian teenage girls for military-style marching.

Each film was highly entertaining in its own way. I would like, and feel I ought, to say of the piece on Venice that it would have been funny had it not been so offensive, but in fact it was the other way round. We were treated to haunting, winter scenes of St. Mark's Square and the Rialto, while Trevor Philpott's voice-over described the decline of the Venetians from a once-great trading nation to a race of "money-changers, pigeon-food sellers and touts". It was very reminiscent of Monty Python, but was done entirely (well, almost) seriously.

If Trevor Philpott allowed his views on the Venetians to come very plainly to the surface, the film about Skid Row was notable for its matter-of-factness. No comment was offered, but Hewitt and Philpott were allowed access to some of the worst of the flop-houses of Chicago and presented them in all their horror. I thought it was a superb, raw documentary.

But the film which reduced the audience to tears – and they were tears of laughter – was a piece about Australian marching girls. Once again there was little comment: by playing it very straight, Hewitt and Philpott gained the confidence of the organisers of a marching club, and presented their activities in all their absurdity. We were treated to the sight of columns of girls, their hands connected by broomsticks to ensure that they swung their arms in time, and by the same amount. We learnt from the sergeant major (sporting a Royal Artillery tie) that "Girls like to be knocked about", that they could march at "almost the same tempo as men", and finally that "You can drive them into the ground and they love it". I had a vision of a marching girl, rigid, being hammered up to her ear lobes into the baked Australian turf, with all the time a fixed, beaming smile on her face: vintage stuff.

I hope the Quodlibet thrives. It will, if secretary Kim Robbins can secure more speakers with as much to offer as Trevor Philpott, and provided the talks are adequately publicised. I learned of this one half an hour before it was due to start when, on walking through the Medical School lobby, I was stopped by one of the Editors, who offered me a glass of wine in return for a 500-word review. This is a little below recommended NUJ rates, but since my (rusty) O-Level Latin translated "Quodlibet" as "What are you drinking?" it seemed an appropriate bargain. With the benefit of a Latin dictionary and 20:20 hindsight I learn that, in fact, it means "a topic of philosophical or theological disputation". In any case, it deserves the support of members of Guy's, and let's hope it succeeds.

Flow Cytometry and the Peter Gorer Unit

by Professor Matteo Adinolfi

During the past 10 years, flow cytometry has evolved from a rather esoteric technique used in a few specialised institutes into a discipline which is playing an increasingly successful role in the practice of the clinical laboratory. About 4 years ago, an Ortho 2150 cytofluorometer was purchased at Guy's with donations from individuals and corporations and installed in the Paediatric Research Unit. Although operated by members of the PRU staff, the Ortho cytofluorometer has been made available to all departments at Guy's and St. Thomas's. Since January 1986 a junior technician has been operating the cytofluorometer and helping users to sort out their specific problems.

After overcoming some initial difficulties, mainly due to faults in the computer system, the cytofluorometer has been in full operation for the analysis of cells labelled with one or two antibodies, the estimation of DNA and RNA, and the sorting of cells.

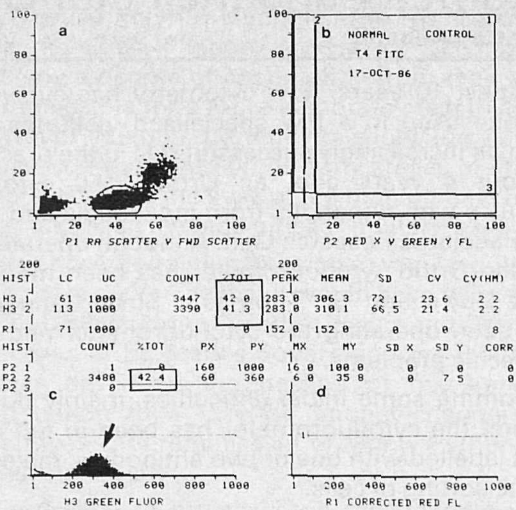
Technically, the first requirement of flow instrumentation is that cells should be presented for measurement in a monodispersed suspension. This means that each cell can be analysed and data provided about its size, expression of antigens, DNA content and cell-cycle stage.

Several parameters can be evaluated simultaneously. For example, lymphocytes can be analysed together with monocytes and granulocytes, and the three populations identified ("gated") according to their size, morphological properties, and labelling with antibodies. Figs 1-4 show an example of the analysis aimed at detecting subpopulations of $T4^+$ and $T8^+$ cells stained with fluorescein (FITC) labelled monoclonal antibodies (McAbs), which may or may not express 2H4 molecules detected using a McAb labelled with phycoerythrin (PE). $T4^+$, $2H4^+$ cells have different functions than $T4^+$, $2H4^-$ cells, and act as inducers of T suppressor cells. The two programs used for the analysis of the cells allow $T4^+$ cells to be distinguished from $T8^+$ or $2H4^+$ cells and from subpopulations of $T4^+$, $2H4^+$ or $T8^+$, $2H4^+$ cells.

Many other studies relevant to the clinical laboratory are at present performed using the Ortho cytofluorometer. Variations of the expression of complement proteins and receptors, changes in the number and percentage of T and B cells in various clinical conditions, expression of virus antigens on the surface of cells from peripheral blood, detection of fetal nucleated cells in maternal blood are all examples of topics investigated by members of various departments of the U.M.D.S.

Only some of the applications of cytofluorometry to clinical problems (listed in Table 1) will be briefly illustrated.

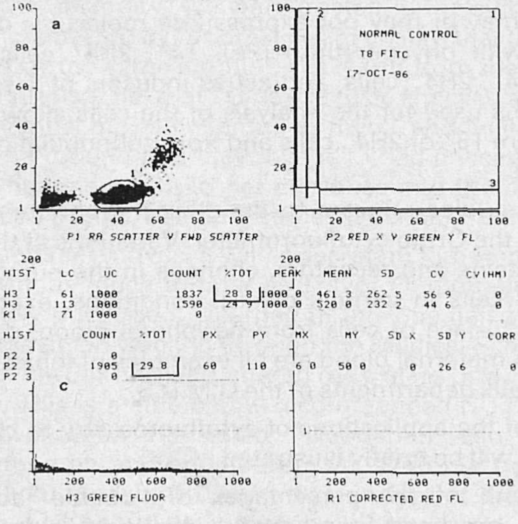
The estimation of the percentages of "double labelled" cells in peripheral blood has been found useful in distinguishing early signs of immunal rejection from viral infections in patients with kidney transplants (Table 2). Viral infections often seem to be associated with a marked increased of the subpopulation of $T8^+$, leu 7^+ cells.



```
 200                                    200
HIST    LC    UC          COUNT   %TOT  PEAK   MEAN    SD     CV   CV(HM)
H3 1    61  1000           3447   42 0 283 0  306 3   72 1   23 6    2 2
H3 2   113  1000           3390   41 3 283 0  310 1   66 5   21 4    2 2
R1 1    71  1000              1      0 152 0  152 0      0      0      8
HIST        COUNT    %TOT     PX      PY   MX     MY    SD X   SD Y   CORR
P2 1            1       0    160    1000  16 0  100 0      0      0      0
P2 2         3480    42 4     60     360   6 0   35 8      0    7 5      0
P2 3            0
```

Figure 1

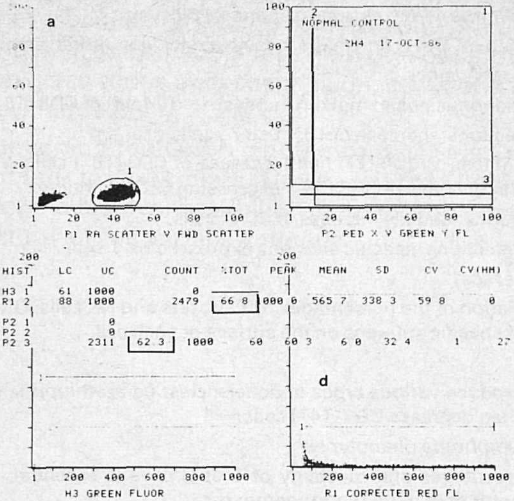
Analysis by flow cytometry of T4⁺ cells using a fluorescein-labelled (FITC) monoclonal antibody (McAb) against T4. Peripheral white cells were collected and incubated with FITC McAb anti-T4. The distribution of red cells, lymphocytes and granulocytes (according to their "scatter" (size) properties) is shown in "a", where the lymphocyte population (1) is "gated". In "c", the two populations of T4⁻ and T4⁺ cells are analysed according to their "green" fluorescence; T4⁺ cells are marked with an arrow. About 42% of lymphocytes are T4⁺ (% Tot), as shown by the analysis conducted with two different programs (H3 and P2,2).



```
 200                                    200
HIST    LC    UC          COUNT   %TOT  PEAK   MEAN    SD     CV   CV(HM)
H3 1    61  1000           1837   28 8 1000 0  461 3  262 5   56 9      0
H3 2   113  1000           1590   24 9 1000 0  520 0  232 2   44 6      0
R1 1    71  1000              0
HIST        COUNT    %TOT     PX      PY   MX     MY    SD X   SD Y   CORR
P2 1            0
P2 2         1905    29 8     60     110   6 0   50 0      0   26 6      0
P2 3            0
```

Figure 2

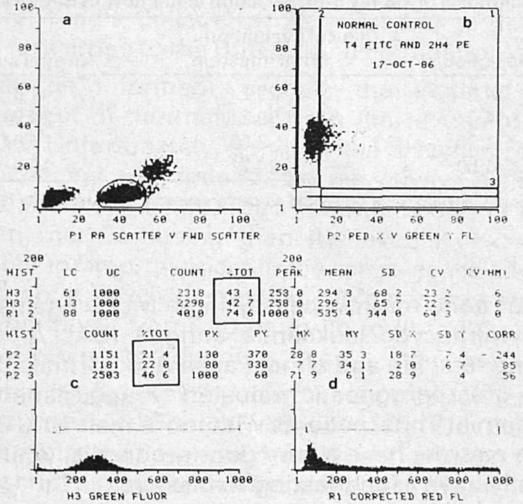
Same type of analysis, but the cells were incubated with McAb against T8 antigen; about 29% of cells are positive.



```
200                                      200
HIST    LC    UC          COUNT   %TOT   PEAK    MEAN     SD      CV    CV(HM)
H3 1    61  1000              0
R1 2    88  1000           2479   66 8  1000 6  565 7   338 3   59 8        0
P2 1           0
P2 2           0
P2 3        2311   62 3  1000        60   60 3     6 0    32 4     1       27
```

Figure 3

Same type of analysis as the previous sample, but a phycoerythrin (PE) McAb against 2H4 antigen was used. About 66.6% of cells are positive (2H4^{+}) (value R1,2).



```
200                                      200
HIST    LC    UC          COUNT   %TOT   PEAK    MEAN     SD      CV    CV(HM)
H3 1    61  1000           2318   43 1   253 0  294 3    68 2   23 2        6
H3 2   113  1000           2298   42 7   258 0  296 1    65 7   22 2        6
R1 2    88  1000           4010   74 6  1000 0  535 4   344 0   64 3        0
HIST       COUNT   %TOT      PX      PY    MX      MY    SD X    SD Y     CORR
P2 1        1151   21 4     130     370   28 8    35 3   18 7     7 4    - 244
P2 2        1181   22 0      80     330    7 7    34 1    2 0     6 7       85
P2 3        2503   46 6    1000      60   71 9     6 1   28 9       4       56
```

Figure 4

Peripheral white cells have been stained now with two McAbs, one FITC-labelled against T4^{+}; the second PE-labelled against 2H4 molecules. Cells are analysed with program c which allows distinction between cells labelled only with FITC anti-T4 or with PE anti-2H4 from cells "double labelled" with both McAbs (anti-T4^{+} and anti-2H4^{+}). Program b allows for detection of FITC-labelled (green) cells, T4^{+} (area 2), PE-labelled (red) cells (area 3) and double labelled T4^{+}, 2H4^{+} cells (area 1). In conclusion, about 50% of T4^{+} cells are double stained, while one third of 2H4^{+} are T4^{+} cells.

Table 1 Cytofluorometry and white cell subset alterations in peripheral blood

A) *Primary inherited immunodeficiencies of T and/or B cells*

Considerable variety of T or B defects in these patients. Longitudinal studies very useful.

B) *Acquired immunodeficiency*

1) *CMV or EBV mononucleosis: marked increase (~ 10-fold) of CD8 (T8$^+$) cells.*

2) Other viral infections: increase of T8$^+$, Leu 7$^+$ cells.

3) AIDS: profound loss of CD4 (T4$^+$) and increase of CD8 (T8$^+$) cells. Very poor prognosis for patients with high values of CD8 (T8$^+$) expressing OKT10 antigen.

4) Bacterial infections: usually increase in CD4$^+$ cells.

5) *In some viral infections, specific antigens expressed on T cells.*

C) *Autoimmune diseases*

Considerable variation of the percentages of T subsets and NK cells. Often marked changes of the numbers of specific antigens on the surface of each cell.

D) *Drugs*

Different drugs produce various types of deficiencies: eg azathioprine decreases NK cells; corticosteroids often decrease CD4 (T4$^+$) cells.

F) *Leukaemia and lymphoma phenotypes*

Evaluation of percentages and reactivity of T or B cells is essential, in association with analysis of T receptor or Ig gene rearrangements.

G) *DNA content of single cells*

Good correlation between cell cycle and DNA content; also between karyotype and DNA content.

H) *Detection of neutrophil auto-antibodies*

I) *Detection of platelet auto-antibodies*

Table 2 Differential diagnosis of kidney graft rejection using flow cytometry [a]

	Clinical evaluation		
Markers	Rejection	Viral infection	Normal subjects
CD4 (T4$^+$)	34.8	23.2	41.6
CD8 (T8$^+$)	14.3	50.2	24.5
Ratios T4$^+$/T8$^+$	1.90	2.58	1.94
CD8, leu 7$^+$	1.50	24.7	10.6

[a] from J. Rees, personal communication; data presented as percentages of "positive" cells in total peripheral blood lymphocytes.

The analysis of bone marrow cells using a McAb against the so-called common acute lymphocytic leukaemia antigen (CALLA) (present on B lymphocytes during fetal life and almost absent in normal adults) has been shown to be of great prognostic value in young patients with acute lymphocytic leukaemia. Thus, patients with more than 10% CALLA-positive cells in their bone marrow have a very poor prognosis, while patients with less than 3% usually have a long-lasting remission.

Finally, several investigators have analysed nuclei from either freshly collected or fixed tumours (including leukaemias) for their DNA content and established that there is a very good correlation between karyotype and DNA levels estimated using specific dyes and cytofluorometry. The clinical utility of the DNA estimation – and thus the evaluation of the aneuploid state of the tumour cells – is greatly increased when they are combined with studies of specific cell markers.

The Ortho 2150 not only allows analysis with two different antisera, but is also an efficient machine for sorting cells. "Positive" cells can be isolated even if present in concentrations of less than one per thousand. The sorted cells, isolated on glass slides or in suspension, can then be analysed further using various techniques.

The unit containing the Ortho cytofluorometer was named after Peter Gorer as a tribute to a famous Guy's scientist who discovered the polymorphism of the histocompatibility antigens and opened an entire new horizon on the study of cell surface antigens.

The Tenth Annual Interhospital Revue

reviewed by our Theatre Correspondent

The Tenth Annual Interhospital Revue, or "Intervue", was performed at the New Theatre, King's College on 28th October to 1st November, the proceeds being forwarded to the British Lung Foundation.

The programme informed us that "the material presented is a collection of the best of the material from the revues of various London medical schools". Unfortunately, some of the sketches presented did not fulfil such expectations and, indeed, did not always achieve their aim in entertaining the audience, whose loud comments during the last performance were often more amusing than the events on stage. There was undoubtedly room for improvement in the script, especially in the "Classics for Medics" sequence, which seemed only to get increasingly worse as one was dragged laboriously from I to IIa to IIb to III to IV . . . in a seemingly endless flow of humourless definitions.

However, the irrefutable talent of Peter Hession came through in various sketches, namely "Sperm", "Sand" and "Double Talk", in which the acting of the entire cast seemed more fluent, proving that the flaws lay mostly with the script as opposed to the abilities of the actors.

The regular musical interludes were unwelcome in that they were simply too loud to be appreciated fully; however, the band was of a relatively high standard and compliments are due to Bart's for their contribution.

Finally, it must be noted that the revue did achieve its two main aims: that is to entertain – albeit in an alternative way – and to raise money for a highly commendable charity.

Motorcycling Through the Andes – A Different Way to Spend Your Summer

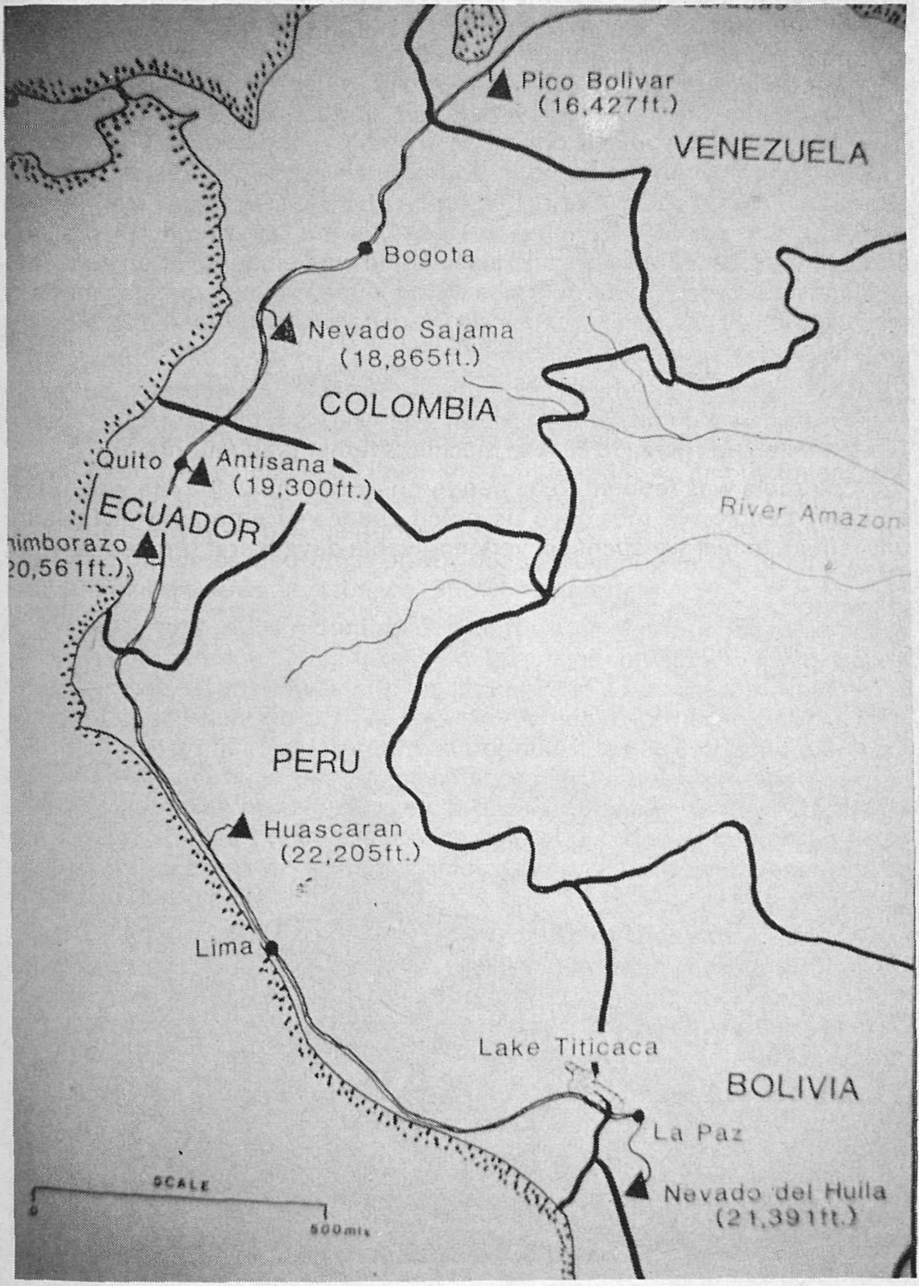
by Mark Dinwoodie

When I first heard about the idea of travelling 4000 miles on motorbikes through Venezuela, Colombia, Ecuador, Peru and Bolivia, I treated the idea with some scepticism. This was two years ago when I was on a climbing expedition in Pakistan, and whether it was due to the effects of altitude, or just being in the depths of the mountains away from reality, I was somehow convinced by some of my colleagues that the idea was plausible. I intimated that I wouldn't really have the spare time to go since I would be two thirds of the way through the clinical course at Guy's. I was therefore a little surprised to be asked to act as the Expedition Medical Officer, just before Christmas last year. The target of the expedition was to motorcycle from Caracas in Venezuela to La Paz in Bolivia, and to climb the highest mountain in each of the countries visited – all in six weeks. I couldn't resist the challenge and so there followed six months of fairly intensive organisation. There were numerous problems to overcome: we needed to buy eight suitable trail bikes; register, tax, insure them and ship them out to Venezuela. We wrote round to various potential sponsors with mixed success – the Pacific Steam Navigation Company, however, agreed to ship our bikes there and back free of charge. Each bike also needed a Carnet de Passage (a guarantee that we wouldn't sell the bike in each country to simplify importation at each border). I wrote off to various drug companies through the father of one of the expedition members, who is a G.P., to try and gather together various lotions and potions that might be useful. I also sought advice wherever possible as to the likely medical problems that we might encounter. The prospect of trying to look after a compound fracture or deal with acute mountain sickness didn't really enthrall me.

So, after numerous visits to the bank manager trying to persuade him that I might qualify some time in the next decade and several hundred letters and telephone calls later, the advance party of 4 people finally left for Venezuela on June 21st. Seven out of the eight of us all went to the same school, more or less at the same time, and many of us still climb together under the guise of The Lost Valley Mountaineering Association, really just something to call ourselves.

13 weeks and 12 telexes later the remaining four of us arrived in a hot and sweaty Caracas. Venezuelan bureaucracy moves as fast as the average snail and so it was a further five days before we managed to get all eight bikes released from the docks. They had been partially dismantled for shipping, but to our amazement all the various bits and pieces hadn't been stolen. We completed rebuilding them overnight and left for our journey towards Colombia next day. We only just managed to fit our 50kg of kit onto each bike and it took us a while to get used to the balance. Most of us had never ridden a motorbike until six months before and only just managed to pass the test in time. To then be thrown into the chaos and confusion of a large Venezuelan city was very daunting and somewhat dangerous to say

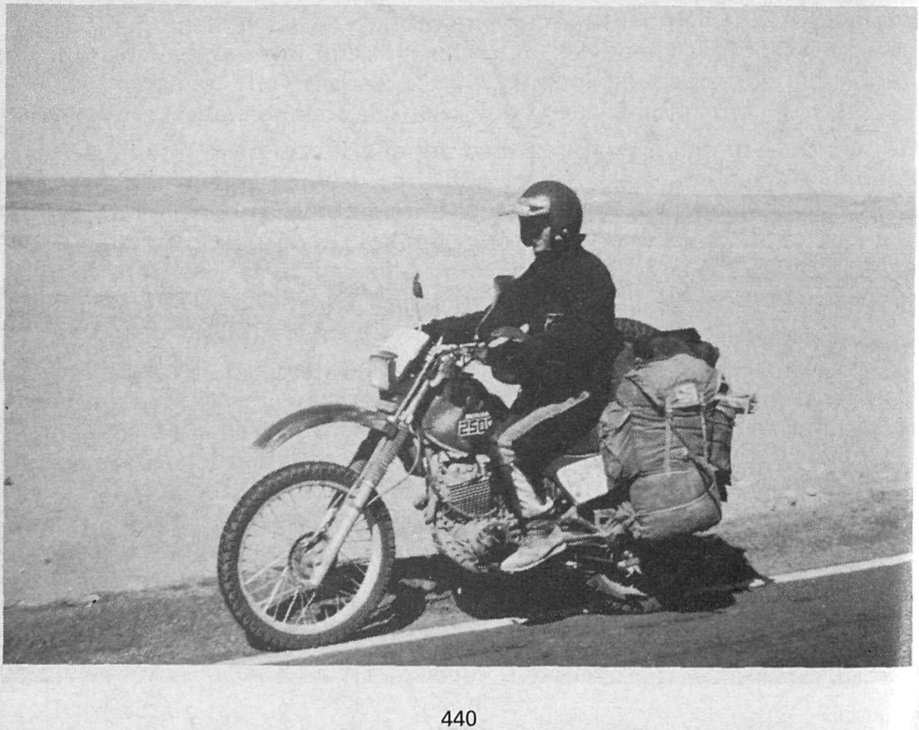
the least. The combination of new bikes and our incompetence meant that we kept stalling them, usually in the most inappropriate of places. We tried to keep together, with two people being responsible for finding the way, one of whom was our linguist. Virtually no one in South America speaks English and so we would have been lost without a Spanish speaker.

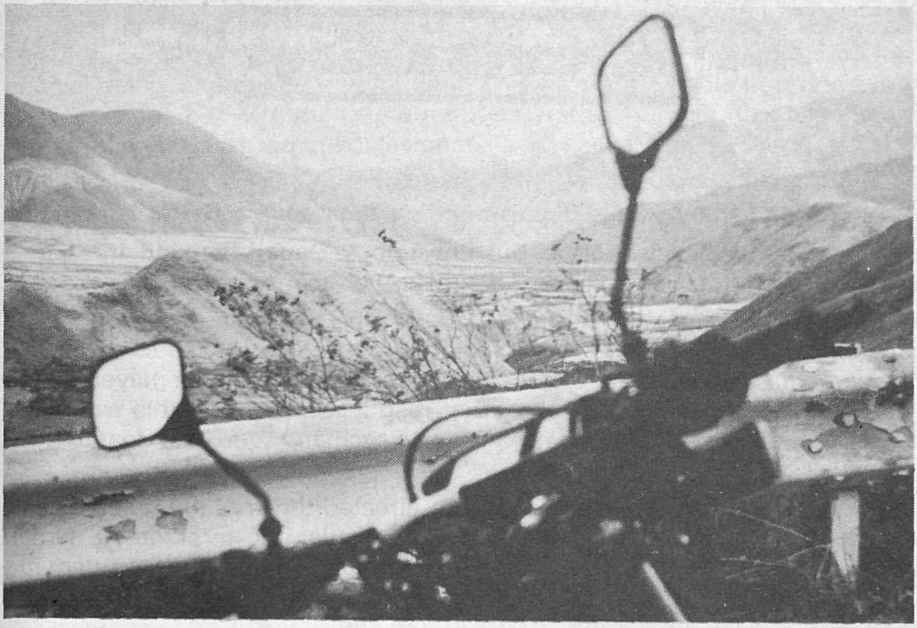

Pico Bolivar
(16,427ft.)
VENEZUELA
Bogota
Nevado Sajama
(18,865ft.)
COLOMBIA
Quito
Antisana
(19,300ft.)
ECUADOR
imborazo
20,561ft.)
River Amazon
PERU
Huascaran
(22,205ft.)
Lima
Lake Titicaca
BOLIVIA
La Paz
Nevado del Huila
(21,391ft.)
SCALE
0
500mls

Our route followed the Pan-American Highway, a road of variable quality running (in theory) through the Andes almost the entire length of South America. We managed about 200 miles a day, the main limiting factor being our sore backsides – trail bikes aren't designed for comfort. We wore leathers for protection should we fall off and sweated considerably as a result, adding to our problems of dehydration in the sweltering heat. We usually managed to stay in a cheap hotel overnight and found that most proprietors were quite happy for us to drive the bikes in through the front door and park them in the central courtyard, much to the consternation of other residents and passers-by. We locked up the bikes with heavy chains overnight and took off all our kit to try and reduce the risk of theft, a problem that is rife throughout South America. We attracted a lot of attention – eight scruffy looking 'Gringos' (the Spanish for Westerners) on motorbikes laden with kit – but this gave us the opportunity of meeting some of the local inhabitants and exchanging conversation, often about the Falklands. We wandered around the towns in the evening and ate whatever was on offer at the local "restaurant" – usually a fairly tasteless piece of unrecognisable meat and cold rice.

The advance party had attempted Pico Bolivar in Venezuela but sadly failed near the summit when our mechanic slipped and injured his ankle. From then on he vowed to stick to machines rather than mountains.

Colombia was reputed to be dangerous, unfriendly and rife with crime and few people we met gave us much chance of emerging at Ecuador unscathed. In fact we spent six very enjoyable days there: the people were





great fun and very hospitable (even the Ambassador invited us to tea); the scenery was superb as we crossed three passes of about 11,000 ft to negotiate our way across the Andes and we weren't assaulted or robbed. As a precaution we carried most of our dollars secreted in our boots, since money-belts are nowadays too well known to muggers.

Many of the roads wound back and forth up the mountainside and it was quite a challenge to overtake the huge lorries crawling their way uphill. The bikes lost a lot of power with the altitude and it became very cold as we gained height. The road surface was very variable, tarmac in most places, but often just a dirt road littered with pot-holes. It was coming down from one of these mountain passes near Bogota in the pouring rain that three people parted company with their bikes. Fortunately no one was badly injured as they had only been travelling at about 20 m.p.h. and the bikes were only slightly scratched, but it made us appreciate how treacherous the road conditions could be.

It wasn't hard to see why Colombia had its problems – the gulf between rich and poor is huge. Many of those living in the towns had a high standard of living and had been influenced by Western values, while much of the rural population struggled to feed itself and had to do without many of even the most basic of amenities.

The border crossings in general proved to be a lot easier than expected mainly due to the huge number of documents that we had acquired, including letters of reference from the British Embassies in each of the countries and the equivalent South American embassies in London. Once the police had satisfied themselves that we weren't smuggling drugs, they became quite friendly.

(to be continued)

Research at Guy's

Research in the Physiology Department

The research activities in the Physiology Department on the Guy's campus are catholic and embrace dental as well as medical investigations.

On the medical side there is work which is entirely based on *Homo sapiens* such as determining the factors that are involved in co-ordinated movements of the hand or leg, looking particularly at the role played by the nerve afferents in the reflex and other responses. Some of this work is in collaboration with the Department of Psychiatry and the Institute of Psychiatry.

Further studies in "intact" man are directed towards the responses of the circulation during exercise, and in particular the hyperaemia which occurs in muscle following a sustained contraction, and the accompanying vascular changes in associated non-active muscle and in skin during and following such contractions.

The detailed nutrient intake of elite sports men and women is being studied and dietary differences between the various types of sporting activity examined. The efficacy of various sugars in promoting better performance is being assessed.

The factors which control pulmonary ventilation are only partially understood and a detailed study of the role of CO_2 both in normal control as well as in hypoxia, such as that which occurs in asthma, is in progress. Studies examining the method whereby the tension of CO_2 in the body is kept constant in the face of increased production as in exercise, are also under way, in collaboration with St. Thomas's.

Some work on the interaction of various cardiovascular reflexes has been carried out such as the effect of a full bladder on the arterial blood pressure. This interaction of various cardiovascular reflexes is of special interest in situations such as exercise, diving and asphyxia. This work is in collaboration with the Royal Free Medical School.

On the endocrine side, studies involve the cellular mechanisms by which reproduction and stress hormones are released. This is in collaboration with the St. Thomas's campus. On the renal side the effects of the high output of vasopressin after haemorrhage are under study. The output is greatly in excess of that required to produce a maximal anti-diuresis and the contribution of renal vasoconstriction to the cardiovascular responses is being investigated.

On the dental side, factors affecting dental eruption are being investigated and related to this is a study of the role of fluid in the mechanical properties of soft connective tissue such as the periodontal ligament and skin.

Research is also being carried out on the factors which influence chewing using high speed cineradiography and electromyography, with the results being analysed by computer. This work is in collaboration with Harvard. Together with the Department of Oral Surgery studies have been mounted on the assessment of lesioned lingual nerves.

It will be appreciated that the research in the Physiology Department is very much directed towards a better understanding of the physiology of man.

Ian Macdonald
Professor of Physiology

Physiotherapy

The trouble is, we're all after the same thing. What's that, you ask? Personality, character, good A levels and – *vivat* Terry Gibson – sporting ability. Recently, the Royal College of Nursing's Secretary was postulating a need to absorb some phenomenal proportion of all school-leavers in order to satisfy the profession's appetite for 18 year old females. Reminiscent of the Russian fishing-boats vacuuming up involuntary leavers of other types of school . . . Elsewhere, those of more modest ambition, are setting out their stall to attract the same people. Never will young women have been the object of such cupidity and desire as St. Trinian's upper and lower VIth of today and tomorrow. The baby-bulge of the 60's is slimming down, the production-line is faltering and slowing, and we consumers are entering a period of privation with rationing and under-counter black marketeering in prospect.

Our shoe-string equivalent of UCCA and PCAS, which acts as a central admissions organisation for prospective physiotherapy students, reports a dramatic fall in the number of completed application forms it has received, and even in the number of enquiries made to it. In some ways, it was a relief to hear this, because the numbers of our own first-choice applicants for 1987 have fallen to only a third of what they were for 1983 and 1984, and not much better than a half of what they were for 1985 and 1986. The first comparison is less surprising in that – this time, *pace* Dr. Gibson – we had published an increased A level requirement, but the latter is less easy to understand. We may not be perfect, but why should anyone have discovered it this year rather than last?

Probably it is largely a matter of reduction in output. We have been showing physiotherapy as an increasingly respectable option for careers advisors to steer sixth-formers towards. No longer do we have head-teachers writing of their charges that, while incapable of university education, they are highly suitable for physiotherapy. One of our worries has been, however, that public esteem of the graduate status *per se* will militate against us diploma-offerers when the competition gets tough, and this may be another contributory factor.

A solution is to encourage more mature applicants, mopping up unplaced holders of degrees in unmarketable subjects, requiting frustrated office-workers who always had wanted to do physiotherapy really, giving a second chance to young mothers who left school after their O levels. It sounds good, and with careful selection it is good, but it does have its own peculiar problems. Grants, for example, are not easily come by for the first group, returning to a learning environment may be overwhelming for the second, and the increase in the size of the bursary for mature entrants may break the budget in case of the third.

We do now take in a proportion of students coming other than direct from school – more than a third of the last intake were in this category – and it appears that though the quantity may have decreased this time, the quality has not, so we are not too alarmed as yet. Just as well – there are alarms enough as we enter 1987 without a dearth of applicants to add to them.

Ronald Cooper

Govan et al–Important New Medical Textbooks

Gynaecology Illustrated 3E

A. D. T. Govan, C. Hodge and R. Callander

October 1985 504 pages line illus paperback
246 × 189 mm £11.50 (fixed) 0 443 03293 9

Gynaecology illustrated has already proved itself to be a popular and comprehensive textbook for undergraduates.

This new edition has been completely revised and updated to reflect the shifting emphasis in gynaecological practice resulting from the changing role of women in society.

The gynaecological implications of social and sexual problems are discussed, as are the considerable influences of the recent advances in oncology on the traditional surgical approach.

The successful, visually oriented layout of previous editions has been preserved with clear, informative illustrations complementing a concise text.

Pathology Illustrated 2E

A. D. T. Govan, P. S. MacFarlane and R. Callander

February 1986 896 pages (est) line illus paperback
258 × 201 mm £17.50 (est) 0 443 03547 4

This competitively priced and informatively illustrated textbook is designed to present a clear and readily comprehensible account of pathology to the medical undergraduate.

The original highly successful format has been retained and in addition many sections have been further clarified, notably those relating to Immunology and Renal Disease.

Wherever necessary the opportunity has been taken to update theoretical concepts to provide a concise textual account geared to the needs of the modern student.

Churchill Livingstone books are available from good medical bookshops or direct from the publisher at this address. (*Please include your name and address and payment with order.*)

Churchill Livingstone

Sales Promotion Dept., 1-3 Baxter's Place, Leith Walk, Edinburgh EH1 3AF.

Postage and packing:

for orders	please add
£ 5.00 to £14.99	£0.69
£15.00 to £29.99	£1.15
£30.00 to £49.99	£2.00
£50.00 and above	£2.60

The Bore Report

Continuing, by popular demand, the informal, bigoted and progressively less coherent remarks of our resident alcoholic, Cedric Bore. All information gratefully received. Any resemblance to any person living or, preferably, dead is accidental, and in many cases deplorable.

Jubilatio! The Ghandi of Gossip hath returned!

Humblest apologies are due to all my avid, and not so avid followers for my notable absence from the pages of this illustrious journal ..... A well earned sabbatical has, nonetheless, left Cedric in fine fettle, and eager to probe, pry, dig and delve into the unmatched social niches of Guy's Hospital and it's immediate surround.

I fear I must begin on rather a sour note, and pray that a certain segment of the populus will pay close heed... The abominable, nay, heathen practice of donning dissection coats in the Spit (and, God bless us, the Bar), which some of the 1st years have taken something of a fancy to, **MUST** cease immediately. This habit is both an embarrassment and a health hazard (NB: the caring side of Bore). Furthermore, the darn things "Hath the stench o' a pox-ridden whore", and should be confined to the locker rooms for all eternity. Future breaches of etiquette of this nature shall not be treated lightly.

On a lesser note, let us cast our tiny minds back awhile to the festivities of Fresher's Week (yawn). I can exclusively reveal that New Moral Force and his blushing young bride were spotted making the "Two Backed Beast" together at the Inflam. Tsk, Tsk, say we, have you no shame? Don't you have homes to go to? Also spotted at that same Inflam, a distinguished Irish gent more than made up for his lack of female accompaniment by bringing along a freshly culled pheasant. While distastefully performing post-mortem procedure on the said fowl, an ominous-looking young lady, sporting the fearful grimace of an animal-rights activist, approached our strapping hero and punched him on the hooter. Bravo!

Turning briefly to the more academic side of Guy's life, this term has provided us with a plethora of amusing incidents.....

During a recent very, very important Finals Surgical Viva, an overconfident young wag was politely requested by our omnipotent, and soon to be canonised Professor of Surgery to examine a patient with a dodgy leg.... Not wishing to make things easier for himself, the student opted to examine this patient without rolling up his trouser leg (the patient's trouser leg, that is). After considerable umming, ah-ing and vicious head scratching, the bright young spark reeled off a grandiose list of extremely colourful clinical conditions, only to be told that he had been examining a wooden leg. Send this man straight to Siberia.

Cedric has also been reliably informed that during her first *ever* ward round (golly jeepers), a young 2nd year lass was asked to listen to a patient's chest. To the horror and bewilderment of the troupe, she bent down, placed her ear on the poor man's sternum and exclaimed that she couldn't hear very much. Not surprised really .... it's rather difficult to hear without a brain.

Found: one "Stumpy" on operating theatre floor. Claimants please contact his mummy.

For fear of seeming prejudiced, let us not confine ourselves to matters medical and tell of a young nurse who, when asked to answer a busy house officer's bleep, picked up the said bleep and whispered a meek "hello" into it. I rest my case.

A final word before humbly wending my way ...... would final year dentists please refrain from wafting loaded Lugers in the bar and cellophane themselves in the comfort of their own homes. Thank you.

Cedric Bore

Correspondence

Political Passim

Dear Sir,

An innocent practitioner from the provinces might be forgiven for thinking that the opening of the Sir Philip Harris Magnetic Resonance Centre by the Prime Minister would be warmly welcomed as a fitting tribute to a generous benefactor to Guy's. Not so by *Passim* in the *Gazette* of October 30th.

The Editors may feel it their duty to criticise administrative errors in certain aspects of the event, but the carping and cynical attack on Mrs.Thatcher and her government's policies would surely suit the readers of the *Morning Star* rather than the *Guy's Gazette*. They may feel that the disclaimer that their views are not to be taken as those of the Hospital as a whole, surely could not be more clearly demonstrated.

When they write about the Goverment having "such an appalling record on health and education", are the Editors aware than since 1979 the financial resources put into the NHS have doubled, there are 60,000 more nurses and mid-wives and nearly 12,000 more doctors?

I believe the age of protest has had its day, and we should demonstrate that the well-tried motto of Guy's – *"Dare quam accipere"* is of greater benefit to our patients and the country than the cynical potion that *Passim* gives us.

GEORGE RICHARDS
St. Mary's Croft
Chapel Field North
Norwich, Norfolk
NR2 1NY

Dear Sirs,

Many old Guy's men feel increasingly alienated from their "alma mater". Symbolic perhaps of the change was the tower block which arose in a time of random and politically inspired expansion and with it came a loss of old clinical values and personal contacts. Many of us delight, however, in these few areas of excellence which continue to influence the wider world – and many of us keep some touch through the *Gazette*. On behalf of them I wish to protest at the use of its pages with ill-informed, superficial and overtly left-wing political comments. The Editors are entitled to their views on the "appalling record" of the Government and they are entitled to dislike Margaret Thatcher. Some of their readers, however, regard her as one of the greatest politicians in any country in this century and her visit a signal honour for their old hospital. The "cuts" in this Government's period of expanding health care expenditure are falling on London Teaching Hospitals because of R.A.W.P. which was a Socialist concept; they are implemented by D.H.S.S. which is left-wing irrespective of the Government in power. Such partisan points, however, are less important than the fact that Guy's men and women have the right to expect their *Gazette* to produce *reasoned and intelligent political comment.* Mindless mud-slinging does nothing for the Hospital and alienates still further many of its loyal supporters.

Until the Editors can do better they should very properly be confined to the reaches of the "lower spit".

Yours sincerely,
R. J. HEALD
Consultant Surgeon,
Basingstoke District Hospital,
Aldermaston Road,
Basingstoke,
Hants. RG24 9NA

Sports Scholarships

Dear Sir,

The recent letter from Professor Robert Walton (*Gazette* vol. 100, p. 361, 1986), who was distressed to read of the continuing poor performances of Guy's students in sport, particularly rugby, has encouraged me to write to you on this matter which has concerned me for some time.

Although sport must be kept in perspective in relation to the other activities of such a centre as Guy's, nevertheless it is disappointing and depressing to hear of such a fall in standards at an institution which has a major tradition in certain sporting fields. As Professor Walton points out, being a good athlete does not prevent one from being a good doctor; we all know of colleagues who have achieved stature in both fields.

For those of us no longer intimately in touch with the Medical School, it is difficult to know the various factors which have led to the present situation. There must surely still be some good athletes applying for admission to Guy's; has selection of medical and dental students swung too far towards giving places only to those with the highest academic grades at the expense of those with lower, though acceptable, grades but who have other talents as well? Is it that the undergraduate curriculum is now so heavy that it is no longer possible for an athlete to devote the time necessary to maintain a high standard? One would suspect that this is not the case for the motivated individual, as there are several students at Guy's who still achieve outstanding success, and there are other hospitals which continue to field teams of repute.

At times one questions the motivation of some of those involved in sport at Guy's today; in reading the reports of matches, I am dismayed when I occasionally learn that a 1st XV or XI was fielded with one man short, for which there is surely little excuse. On the other hand, it is encouraging to read of sports in which there still appears to be considerable enthusiasm and effort – notably squash, athletics and rowing.

If the decline of certain sporting activities at the hospital has been accompanied by an obvious improvement in academic standards, over and above that of rival medical institutions, then possibly the current situation could be disregarded. As far as I am aware, this does not seem to be the case, though I would be pleased to be corrected in this respect. Neither do I note any great upsurge in activity in other fields, such as the non-sporting societies.

I very much hope that those who are in a position to influence both the selection of students and the workload with which they are presented will give serious consideration to the problems being faced by many of the sport clubs at Guy's, and do what they can to improve the situation.

Yours faithfully,
D. K. C. COOPER
Associate Professor of
Cardiothoracic Surgery
University of Cape Town
Medical School
South Africa

Dear Sir,

On reading the September issue of *The Guy's Gazette*, one can certainly have sympathy with the corrspondence from Professor Robert Walton who bemoaned the passing of the "great days of Guy's rugby" and his possible suggestion regarding sport's scholarships. While I am sure most Guy's men would look forward to greater days on the rugby field before too long, a further look at this same *Gazette* will inform them that they are going to have to wait a little time. Some three pages following Professor Walton's letter was the information regarding the new intake of medical and dental students of 1986. The figures probably speak for themselves. Of the 105 medical students admitted to Guy's in October 1986, 32 would not at first glance appear to be of English origin and 45 were female. Of the dental students, 38 would come into the first category above and 43 were female.

From these statistics, it would appear highly unlikely that Guy's is likely to put forward a formidable rugby fifteen in the foreseeable future and I can only hope that our best bet lies with our ladies' badminton team!

Yours faithfully,
DR. IAN REEKIE
Mann Cottage,
Moreton-in-Marsh,
Gloucestershire

One-track misfits?

Sir,

The article by the mature freshman in the 30th October *Gazette* was encouraging, but the comments in the report of the 407 Art Club Exhibition and Dr. Gibson's letter tell a sorry tale of student selection at Guy's. A previous *Gazette* explained the differing "A" level requirements and selection procedures of Guy's and St. Thomas's.

A half dozen less than 100 applications were recently received from hopeful young doctors wishing to join my partnership. Every English medical school was represented by at least two applicants; except that is, for Guy's. My alma mater managed but one candidate. Bart's managed six, St. Thomas's four, St. Mary's five. I wonder if this is another indication of the result of the Guy's selection process.

Only time will tell whether the selectors were correct. Are there academic giants emerging from the Medical School? Or are they highly qualified, one-track misfits?

Yours etc.,
KEITH STEWART
Vesey's,
Corpus Christi Lane,
Godmanchester,
Huntingdon,
Cambs. PE18 8HW

Sport: No time to win

Dear Sir,

Following on from recent correspondence on decreasing sporting achievement, I think most people would agree that the high "A" level requirements for students at Guy's, to the exclusion of all other admission critera, is a key factor. Unfortunately, this policy cannot be altered by the student.

However I feel that placed in this situation, we should make the utmost use of the undoubted sporting talent and enthusiasm which does still exist at Guy's. I refer to the general inavailability of Wednesday afternoons for sport. At present only preclinical medics and 1st year dentists have Wednesday afternoons free (less than 30% of medics and dentists). For the majority of clinical students it is extremely difficult, if not impossible, to be available for sport on Wednesdays.

This has a crippling effect on team sports where training as a complete team is crucial for success. I refer in particular to rowing, where our top crews cannot row on Wednesdays because they consist of the most experienced oarsmen and women, who are predominantly clinical students.

It is most disheartening to see other London colleges (and hospitals too!) training hard on Wednesdays while the Guy's 1st VIII is stuck on a ward round or on the clinic. This was not the case several years ago when it was perfectly acceptable to play sport midweek. There are many qualified Guy's people who kept up their sporting commitments throughout the clinical course (with no detrimental, and usually beneficial, effect on their studies).

I appeal to the Clinicians to respect the wishes of those playing sport and ask them not to teach on Wednesday afternoons. It is stifling our team sports.

Likewise, as students, we can try to persuade those teaching us why we need a free Wednesday afternoon for sport and insist (politely, of course) on changing timetables accordingly. We must oppose the system which has unnecessarily encroached on our time for sport. It will mean making some waves (especially in the Boat Club!), but if we are to win, it is essential to use our Wednesday afternoons for sport.

Yours sincerely,
STEPHEN ANDREWS
Guy's Boat Club
Boland House
Guy's Hospital
London SE1 9RT

Jimmy Goodliffe

Dear Sir,

It is with a great deal of sadness, but tempered by warm memories, that I read of Jimmy's death in a recent Obituary column of the *Gazette*.

When I first came to Guy's Hospital as a medical student in 1961, freshly arrived from South Africa, it was Jimmy Goodliffe who soon sorted me out, leaving a note for me to come and see him in the Medical School Office. His first question was "How's father?" I was taken aback by this opening of his, and was astonished by the subsequent explanation behind his enquiry.

Jimmy was a young lad of 17 when my father came from South Africa, like myself, to study dentistry at Guy's in 1923. Already Jimmy took a considerable interest, even at that age, in the welfare and careers of the students that came through his hands as an Assistant Clerk in the Medical and Dental School Office. Although my father, after qualifying, practiced in England for a few years, he subsequently returned to South Africa in 1933. He visited England and Guy's in 1948 and had, when I started Medical School, not returned since. It was obvious that Jimmy looked through the intake of medical and dental students, and had a phenomenal memory which allowed him to link new students with old, if there was any relationship. He quite plainly remembered my father's student days, recalling both his successes and difficulties. It was quite a remarkable introduction to a remarkable man.

When my father visited Guy's in 1965, for the first time for many, many, years, I told him the story of my first meeting with Jimmy Goodliffe, and he recalled his help to him when he was a student. Indeed, I have a photograph of the two in the Colonnade at Guy's Hospital, taken that year.

On qualifying, it was Jimmy who left a note in the now rebuilt East Wing, suggesting that I might take a locum in preparation for the ordeal of a house job at Guy's. Again, this advice came "out of the blue". I took his advice and made my *faux pas* away from the searching light of my fellows and the senior staff before beginning my house job for Drs. Hardwick, Trounce and Cameron. Over the subsequent years, working at Guy's and elsewhere and returning finally as a Senior Registrar, it was Jimmy who always asked after my family and any new offspring that arrived. How he kept up with the professional and private lives of us all, I will never know; but certainly, there must be many hundreds of Guy's men and women who will remember Jimmy with great affection for his kindness, care and unstinting help in supporting us in furthering our professional lives.

His "Locum Appointments Bureau" was unique in this country, and I know of doctors from all over the world who wrote to Jimmy, seeking his help and advice in finding appointments when they came to visit this country.

His wife and daughters can be justly proud of this man, who will be remembered by so many of Guy's graduates throughout the world for many years to come. He set a shining example of what "service" really means.

Yours sincerely,
C. B. BROWN
Consultant Renal Physician
Royal Hallamshire Hospital,
Sheffield

Dear Sir,

Concerning the departure of that most charming man Jimmy Goodliffe, I was prompted by Professor Warwick's letter to retail a story I have often told – I may say to the disbelief of my friends!

The venue was the Park, late on Saturday morning in 1951 (yes, we *all* worked on Saturday mornings then!). With a friend, we approached the Medical School to learn if he had passed an important exam. Before we got there, we met Jimmy Goodliffe. After the usual "Good Mornings", my friend said "I was on my way to see if I had passed my exam." Jimmy replied, "I'm sorry, the results aren't through yet, but I will phone you as soon as I have them." And then he added, "I take it your phone number is still Vigilant 0647, like your brother's?"

Not too surprising, perhaps, until you realise that at that time Guy's had nearly 1000 medical and dental students and the elder brother had qualified and left Guy's six years earlier!

I don't know who appointed Jimmy, but what a loyal friend and servant our hospital acquired all those years ago.

Yours faithfully,
M. J. FAWCETT
12 Devizes Road,
Upavon,
Pewsey,
Wilts.

Biennial Dinner

Dear Sir,

Reading Professor Warwick's account of the Biennial Dinner prompts me to write because of his complaint that there was a poor turn-out from the School. I have rarely missed these dinners and I would like to have been present this year, particularly as it related to Donald Bompas's retirement.

Unfortunately I did not receive notification of this event and I have since discovered that many others were in the same boat. There was no announcement in the July issue of the *Gazette*, which I am sure is unusual, and I hope this can be rectified next time.

Those of us who have retired need prompting on impending events, and the *Gazette* is an important link with the life of the Hospital and Schools which is much appreciated.

Yours faithfully,
W. J. TULLEY
Former Dean of Dental Studies.
Bunbury's
133 Westhall Road,
Warlingham,
Surrey, CR3 9HJ

Book Reviews

"Heart Transplantation" Edited by D. K. C. Cooper and R. P. Lanza; 1st edn; Pp. 369; £45; Published by MTP Press Ltd.

This book describes the state of the art in cardiac transplantation almost 20 years after the first operation on Louis Washkansky by Professor Barnard and covers the entire field. Many of the chapters are highly technical and deal, for example, with surgical techniques in removing the donor heart but there is a great deal of material covering issues of wide interest. The medico-legal aspects of transplantation, and the ethical problems including procurement and financial implications in selling donor hearts (and other organs) are carefully discussed. Differences in law and practice between different countries are shown to be surprisingly few.

The psychiatric aspects and the problems of both recipient and donor families are given adequate space and each medical aspect is covered in an individual chapter.

The book concludes with a review of the worldwide results, a discussion of heart and lung transplant and a summary by Professor Barnard of the future of heart replacement. As a source book this volume is invaluable although it is probably impossible to read through it consecutively. As an historical and social document it deals with the time of great change in attitudes to this method of treatment and for a long time to come it will undoubtedly be the standard work on cardiac transplantation.

E. SOWTON
Director, Department of Cardology

"Outline of Orthopaedics" by J. Crawford Adams; 9th Edn; Pp. 506; £11.95; soft cover; Published by Churchill Livingstone.

This is the 9th edition of the book by the world famous orthopaedic surgeon Mr. J. Crawford Adams and compliments the companion volume Outline of Fractures. The cost is £11.95 and the book itself is just over 500 pages long. The 9th edition has all the advances in orthopaedics that are relevant to under-graduate tuition, and unusually for an under-graduate textbook there are references relevant to each chapter at the end of the book.

The book is beautifully printed and produced and has a reasonable number of illustrations but perhaps my only criticism is the lack of illustrations in the section on the examination of a patient with an orthopaedic disorder in Chapter 1.

Although there is a long section on a general survey of orthopaedic disorders most of the book is devoted to dealing with anatomical areas and describing the orthopaedic conditions that can affect each particular joint or bone. This layout may not satisfy everyone but the book itself is arguably the best on the market for under-graduates and of use to post-graduate students of orthopaedic surgery. Despite its higher price I think it is extremely good value for money and I thoroughly recommend it.

J. D. SPENCER,
Consultant Orthopaedic Surgeon.

Colour Aids to Orthopaedics by G. Hooper. 1st Edn. Pp. 154; £5.95; soft cover; Published by Churchill Livingstone.

This is a rather attractive little book which genuinely does fit the pocket, both literally and metaphorically. It consists very largely of pictures, like so many books nowadays. The question is, what real value is such a tiny textbook consisting of assorted, un-indexed pictures, in which, for instance, congenital hip dislocation is covered in about 200 words? I feel the book does have merit, however, since the vestigial text is precisely written, but it is the photographs which are the saving grace. These are often of exceptional quality; those illustrating physical signs are very carefully taken. Photographing the stiffness in hallux rigidus, for instance, is a remarkable achievement, and many more useful 'short case' type pictures are included. These will be invaluable to those who didn't quite fit the orthopaedic firm round their other commitments. The back cover blurb rather fulsomely says, 'a fundamental resorce for medical students and for examination candidates in all fields of health care'. Translated, this means a neat little pre-exam crammer. I think this is one sort of Aids the student should seek to acquire.

A. MACKECHNIE-JARVIS
Senior Registrar in Orthopaedics

Sport

RUGBY CLUB

Guy's 1st XV versus Harlequins U21

Won 14-10

A good performance by the Guy's forwards set up this win over a young, fit Harlequins side. Guy's scored with a breakaway try from Pete Mackenzie in the first half and a fine solo try from W. Physio (Llewellyn) in the second. In fact had it not been for vicious gusts of wind which seemed to surround the Harlequins goal posts, the margin of victory would have been much more impressive.

Guy's Medics 10 pts, Guy's Dentists 6 pts

The Medics are considering dropping this annual fixture unless the Dentists can promise to make a better match of it next year.

Guy's 1st XV versus Old Dunstonians

Lost 18-0

After struggling to get all the players and supporters on the coach, Guy's settled down for the long journey to Old Dunstonian's ground. Seemingly 10 minutes later we arrived and proceeded to walk for another 10 minutes to the ground. The actual game was a dour affair marked only by a few good runs from Graham Bevan on the wing and by Phil Rosell dropping the ball over the O.D's line.

After the game the coach driver happily out-drank many of the Guy's Team (drinking that mild Dogbolter brew in the Fox and Firkin) and continued to beep his horn, for no apparent reason, for the rest of the journey home.

Guy's 1st XV versus Cinderford

Lost 16-14

Guy's started this game determined to run the ball and keep those Charles Bronson look-alike forwards running around the park. This backfired slightly when our own forwards began to struggle to stay the distance. However a good performance by the whole team led to a very close game which could have gone either way (typically it went their way). Guy's scored tries through Mike Coleman (2) and Paul Scanlon.

Guy's 1st XV versus Osterley

Won 45-6

This was a really enjoyable game marked only by the early departure of the Osterley captain and 2 Guy's players following a playful scuffle in the middle of the field. Undeterred, however, Guy's rugby rose to greater heights and a series of tries followed. The final score was made up of 3 tries by G. Bevan, 2 by N. Davies, one each by G. Meharg, J. Barwell and A. Jones and a drop goal and 5 conversions by N. Davies.

Many good things came out of the game including the use of the famous "juggernaut" move for the first time on British soil. After match entertainment was enjoyed by all, except, perhaps, for Al Jones who, not liking to change old ways, insisted on moaning the whole evening about the game.

Gutteridge Cup 2nd Round

Guy's 'A' v Bart's 'A'

Won 22-10

The game started badly when Bart's scored a try almost directly from the kick off. However Guy's fought their way back into the game with two penalties before half time, leaving the score at 7-6 in Bart's favour. The second half started slowly but gradually Guy's put things together and tries from G. Meharg, R. Docker and G. Bevan led to a fine 2nd round win.

Guy's v Askeans

Lost 10-48

Guy's lost to an extremely good Askeans side on a perfect day to play running rugby. The Askean pack bolstered by three imports in the form of large fit Kiwis showed the first decent sized crowd at H.O.P. how to play rucking rugby. With the majority of line out ball and virtually all the second phase ball the mediocre Askeans back line ran in several good tries.

The loss of Messrs. Mistlin, Hogan and Chew did not help the Guy's cause but, in an inspired second half, defence tightened up and N. Davies went over for an excellent individual try. I hope that this very physical game enjoyed by both sides resulted in some timely lessons learned by a spirited Guy's team.

O.M.T. v Guy's
Lost 40-4

This correspondent has never before been totally embarrassed to play for Guy's 1st team. On this occasion however, the twelve other players who turned up and had to take to the park fifteen minutes late wearing odds and ends I am sure felt the same as I.

Not surprisingly in this state of disarray some 4 quick tries were scored by O.M.T. At last two more players plus kit arrived and Guy's pack scrummaged well and in the second half veteran Kim Conchie dominated in the line out. Further O.M.T. tries came from kick ons and interceptions.

On the bright side the debut of Simon Bunting on the wing surpassed all expectations with strong running and some superb tackling.

P.S. Our esteemed captain pulled his hamstring again, unlucky Charlie R.I.P.

HOCKEY REPORT
Woodstock 2 Guy's 2

Thanks to Stuart's pre-match chat we controlled the first 10 minutes completely. One break gave them a short corner which was put away with a good clean strike. Guy's then panicked losing their cool and playing thoughtless hockey and too many people shouting orders across the pitch. Once again they were in our D and took a short corner, which first they fumbled then Guy's fumbled and stopped the ball 1 inch over the goal-line. 2-0 down and more panic!

After a period of dangerous play we regained some control and penetrated their defence. Sat connected well with a crossed ball to slam home a goal Woodstock couldn't believe had happened.

Now it was their turn to panic. In Woodstock they do this by ham-acting spasms whenever near the ball. In fact they put Maradonna to shame. But they didn't fool Dr Tariq Sethi, who couldn't understand the sympathy shown by the younger members of the team.

After the interval Guy's resumed Thatcherite hockey with most of the play on the right wing, giving Matt and Sethi much work to do. Russel defended superbly with many fine tackles, and Mark played confidently in the goal.

Only one of many chances to score was taken, by Sat again after a Melée in their D.

Having showered and warned up in their sauna it was into their posh bar for sahnies, tea and Team-Tosser presentation. (Beer was offered to us in the not-so-posh-bar)

There were 3 nominations for team-tosser, but Tom won hands-down, who, having arrived looking like a deprived French onion seller, proceeded to pretend he owned a BMW 635CSI. Upon trying the door handle, the lights flashed and the horn wailed Volo Voce, loud enough to be heard above the chopper landing on Guy's. Tom's defence was that he thought it was Neil's car. Neil was sitting in his.

Thanks go to Tom for umpiring the game.

Headbanned

BOAT CLUB
Captain's Report

The club resurfaced with unprecedented enthusiasm this term in the splendid modern surroundings of the new boathouse. We now boat alongside some of the top international oarsmen and women from the Tideway Scullers club.

The highlight of the term was the President's reception on Saturday 11th October where club members consumed a very impressive volume of champagne – a staggering oarsman with magnum in hand was not a rare sight.

A wealth of new faces have joined the club as we look foward to a huge entry of six VIIIs (3 female crews) for the United Hospitals Regatta. Other events this term are the Fours' Head and the UL Regatta.

Bill Dunnet, taking his finals in November, has been sculling like a maniac all summer and has represented Guy's in several open competitions including the Long Distance Sculling event at Henley, and has rowed some very impressive times.

Some initial selection problems for the crews began to sort themselves out when the Captain finally realised he couldn't fit the ten best oarsmen into the 1st VIII boat. Compromises were reached for this term, but competition for places in the top crews will be fierce for the Heads next term.

The social secretary does a little rowing when he's not singing – at least he hasn't combined the two yet, but he does organise a good club Chinese binge. As for the Vice Captain (blue glasses this year!) he even brings his women along to the training sessions.

Lost: One boat club treasurer – last seen organising martial arts to clash in time and place with rowing training. If found please do not return!

In the interests of a good crisp finish, with perfect timing and balance, the crew asks Giles to please leave his cox alone!

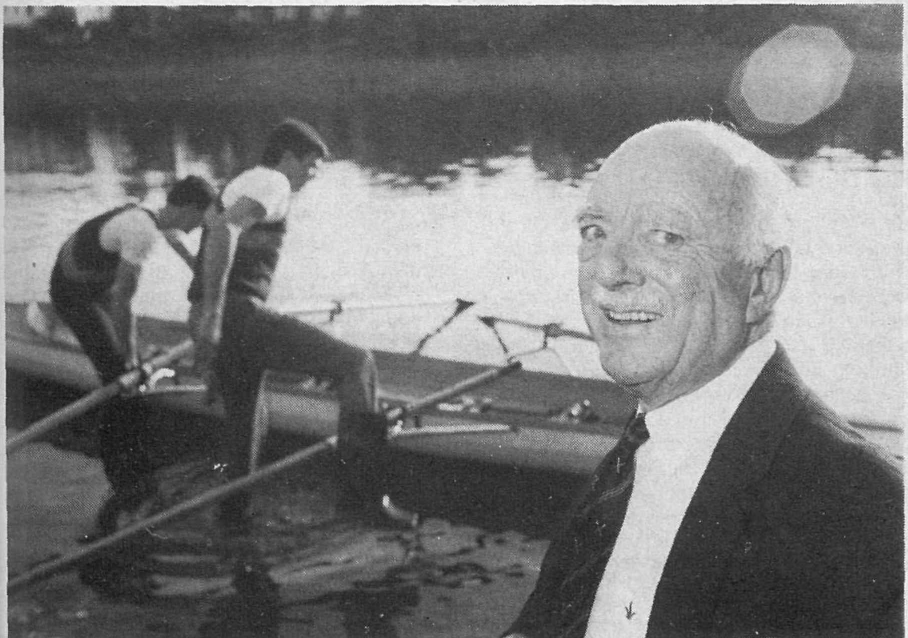
The New Boat House

October 11th 1986 was a day that Guy's oarsmen and women will never forget. It was a gloriously hot autumn day, almost the last glimpse of summer. A day quite perfect for messing about by the river. Under the guise of opening our Boat House at Chiswick, we reluctantly celebrated the retirement of James Mansie from the office of President, a post that he had held since 1958.

There can be very few occasions when any club can gather members together from seven decades. On 11th October 1986 the Boat Club achieved that distinction. Huddy and Miller were there from the very successful 1927 1st VIII, whilst Wigley represented the 1936 crew. Beside these veterans, members from the forties, fifties, sixties and seventies seemed positively youthful. They witnessed a vibrantly healthy club being rewarded for its effort with their own premises.

All thanked Mr Mansie, who has guided the club for so long, and marked the occasion by presenting him with a commemorative blade and gave a new boat his name. This boat had been purchased at the specific request of Mr Mansie from donations to his retirement fund, together with money from the Medical School. The double sculler trainer, of fibre-glass construction, will serve the Club well for many years.

The Boat Club was greatly honoured by the acceptance of Vice – Presidencies by Messrs L. Barry and A. Hodges of the Tideway Sculler's School, both oarsmen of great distinction. A gift of cutlery was presented by Mr Donald Bompas to the Scullers, with whom we will be sharing the Boat House. In his turn Mr Bompas, much to his surprise, became the first recipient of the President's Cup. This new award will be made to any member who, in the eyes of the president, has made an outstanding contribution to the club.



Mr Mansie with the new boat.

Mr Mansie with some of the past members who asked him to become President in 1958.

The warmth of the sunshine was reflected in the rekindling of friendships amongst past members. Without their continued support and activity in the past, both on and off the water, the club would be a shadow of what it is today. The new Boat House is a tribute to them and will be the focus of future activities for both the current and past members.

M. Gleeson

SELF-DEFENCE

In spite of jibes from male colleagues (many of whom later wanted to join in), all the girls attending this rape-defence course at Guy's found it valuable and realistic as well as good fun. Instructor Ian Davis taught that survival is paramount, and instilled in us the idea (and means) of escaping quickly from an attacker, rather than freezing. Basic moves such as head butting, kicking, punching (strategic positions here!) eye-gouging and twisting out of a hold would not occur to many women, let alone be executed successfully in a violent situation. Of course, there are lots of girls who can look after themselves, but many of us were shy young things, psychologically already potential victims, who became more assertive and aggressive as the course progressed.

Everyone agreed that it's well worth attending the sessions and I hope that future courses, open to all women at Guy's, will be better attended.

Finally, many thanks to Kam, Deeraj, Sanjay and Ian, who took a battering each week as we practised our newly-learnt skills. Hope you survive the next course guys!

Jemma Dobson

ATHLETICS

Winter Championships

26th October 1986

On a cold October day at Motspur Park the Guy's team managed a small entry: just 1 competitor. Fortunately most colleges had similar size entries allowing our 'team' to take 3rd place in the 200m hurdles, 2nd place in the discus, 5th in the long jump, 3rd equal in the high jump, 5th in the javelin, 4th in the triple jump and 2nd place in the pole vault. In the team totals Guy's were 5th (out of 12 teams) in the men's match and 6th overall.

Hopefully the turn out in the summer will be better. If you are keen to have a go at any event let us know now though the Boland House pigeon holes. If you are very keen, come and train at Battersea Park (Sundays 10 am followed by a liquid lunch). Twice in the last three years we have won the U.H. Cup – with a good turn-out we could win the U.H. Championships too this year.

Captain (less-fat) Marvel

SWIMMING REPORT

Nurses' Inter-Hospital Swimming Gala

The annual autumn gala has approached once again with the Guy's Swimming Club wondering if they can produce the usual high standard of competive swimming to keep hold of the cups and trophies already held by Guy's.

Swimmers from six London hospitals converged at the Orchard Lisle Pool all with high hopes of stripping Guy's of their many cups.

Free-style was one of the first heats to be swam with Joe Christian having to compete against herself. She easily coasted through to have the fastest time in both her heats and finals. What a star!!

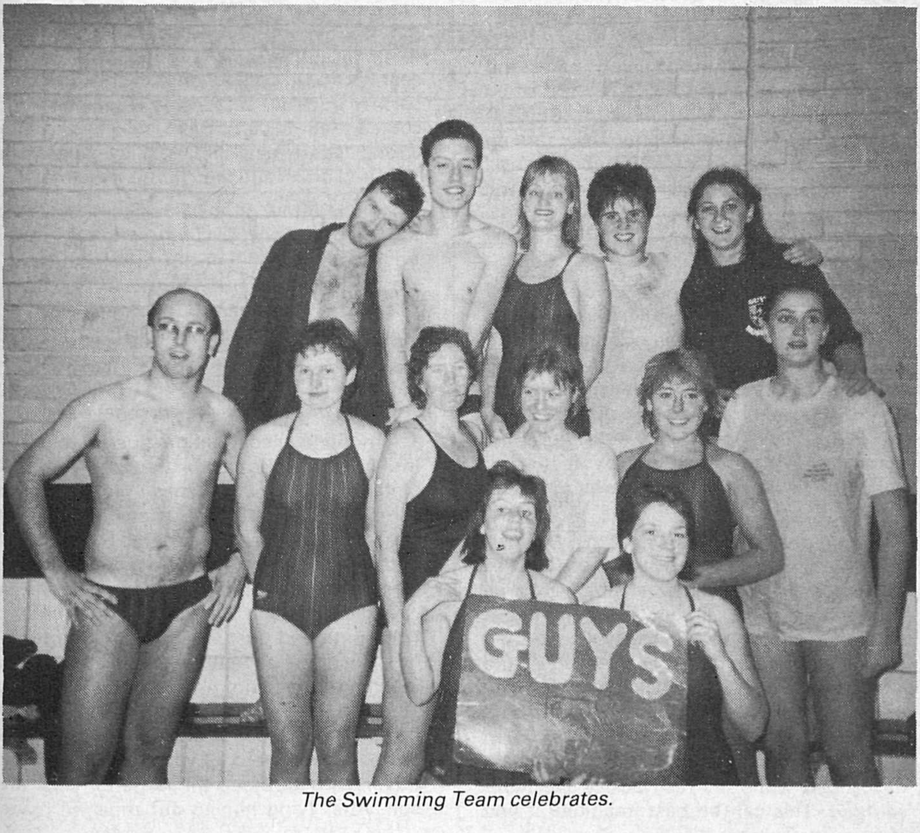
The results of our races obviously showed that the club's newly elected captain, K-B., had spent many a sleepless night deciding on a winning team. Race after race, Guy's were coming in first with fine efforts by two new members. Coral swam hard in the back stroke and Alison gracefully parted the water to win her breast stroke. Both girls were proud to boast that they could fit into a size 40 Cozey!! Thoughts must also be spared for the four Pom-Pom Boys who have gone into isolation to regain their dignity. Well done lads.

An exhausted team made their way to the presentation reception. Members were called to collect their trophies with embarrassing regularity.

Congrats to the whole team, not forgetting our divers Sheena Pollock, third time a winner with graceful ease and agility, and Paul Hughes who says he is getting there (a bit like B.R.).

Team: Kim-Britt (Capt) Sid (V. Capt), Jo Christian, James Palmer, Coral Stone, Tony Wild, Alison Evans, John Boyce, Sarah Bunkhall, Helen Jones, Paul Hughes, Sheena Pollock, Jo Harvey, Hilary Winter.

Dirty Dick



The Swimming Team celebrates.

MOUNTAINEERING CLUB
Trip to Chamonix/Zermatt
August 1986
"We came, we saw. . . ."

Reminiscences of a very old boy on the '86 trip speaking to a group of adoring freshers.

In the year of '86 we had a most peculiar jaunt to "Old Chamonix" some fifty-five years ago now. Doesn't time fly when you're a dentist raking in millions. Let's see, who was there then? Oh yes: Lynton "Routefinder" Banks, Paul "Coffin filler" Elphick ("Hands" for short), Ghazala Ahmed, Simon and Justin Charlesworth.

If I remember the trip was singularly unsuccessful and unpleasant but being British we kept the upper lip stiff. By the end I remember we could only communicate in grunts and smiling was out of the question.

Now, young freshers, I must tell you something: the Alps are BIG! Even bigger than Guy's Tower. Imagine four of five Try fans on top of each other and you will have it. I remember our first little outing was the Traverse of the Domes de Miage. We trudged nigh on twelve hours up horrendously soft snow until some passing French gesticulated at us (the way they do). I remember Simon gesticulated back and understood everything while the rest of us smiled stupidly like dentists. "Storm," Simon said. As the atmosphere was rare up there, so rare as to be infrequent, we all more or less decided to descend. But the storm sat on our faces when we were crossing the glacier and we got thoroughly wet and dejected.

The three lads and me decided to try our hands at a modest Aiguille (the one that hurt, Peigne). All I need say is that we had a surfeit of everything save routefinding ability and ended up doing the equivalent of Cementary Gates thousands of feet above the glacier. Needless to say after a troublesome descent we arrived back at the hut tired but healthy; red in face and blue in mouth.

Our next venture was Mt. Blanc. Maybe I should state that in between these sorties into silly-billy land we had a wonderful time lying in tents with rain gently lashing at our tent strings. I won't say it was wet but we did amuse ourselves by surfing down to the showers on our Karrimats. Anyway the day of our start on Mt. Blanc was hot, yes HOT! So hot that Simon got sunstroke and him and Ghazala (excuse grammar old boy) descended while the rest tackled the bergschrund. This can be best imagined if you visualise a patient's pearly whites after Lynton "the Killer Socks" Banks B.D.S. has been restoring what can be restored. It was that bad. We got to the hut and relaxed in our own company. We amused ourselves by seeing who could do the most intellectual fart (or some such fun game!). We were up by one and absolutely whacked ourselves out pounding up in kneedeep snow until ten that morning. Just then we opened our eyes (we found we could keep to the route better if our eyes were shut) and found we were in a killer of a blizzard. After a swig of Chablis '73 and a couple of mouthfuls of smoked salmon fishcake we closed our eyes again and descended. By that time we were quite cold – cold enough to die – but let's not be dramatic. We reached the hut dreaming of lagers by Swallow Falls and "roc"-climbing in Greece. Lesson number one – do not go to the Alps to have a good time.

We packed our wicker hampers and left for Zermatt. When we arrived the Matterhorn looked big and very cold. Local guides hinted not to attempt it but Lynton "I destroy guidebooks" Banks B.D.S. and Paul "look no gear!" Elphick had a ruddy good go. Nearly did it except for some fool foreigner jumping like a good'un down the east face. Of course our lads helped his partner down to safety. Bloke was dead of course, fell 3000ft. Have to have pretty strong legs to survive. So they were helioptered down and then home we came.

I blamed it all on the Raven's dehydrated food. How can you climb seriously when your bum is behaving like a miniature Mt. Vesuvius. Lesson number two – take plenty of soft, dry loo-paper.

JC

The Matterhorn – A personal view

A more detailed mention must be made of the attempt on the Matterhorn by Paul Elphick and Lynton Banks. We began to climb from the Hörnli Hut at 6 am. under clear skies. However, progress was hampered by ice and new snow and crampons were necessary towards the summit. Of the five pairs that had started on the mountain, two continued past the Solvay emergency hut, intending to stay the night there after reaching the summit. Unfortunately at 13,500 ft. the unroped father of a Yugoslav boy fell to his death after stumbling on a steep snow field. Lynton and I then traversed back along the ridge to reach the son. After tying him to our rope we made painfully slow progress back down to the emergency hut, reaching it at 1 am. The next morning we were air-lifted off the mountain and the bodies of three climbers were recovered from the glacier below. This was a sad ending to the trip and further emphasises the care that needs to be taken when practising the sport of climbing.

PLE

BLUES

At the blue's Committee meeting held on the 23rd. October 1986 the following awards were made:

Badminton Club
Half Blue – Robert Murray, Louise Sell
Men's Hockey Club
Half Blue – Alan Baird
Rugby Football Club
Full Blue – Michael Coleman, Roy Dixon
Half Blue – Charles Beardmore, Mark Dinwoodie, Simon Love, Mike Seare
Sailing Club
Half Blue – Paul Cassar, Mark Foster, Jerry Collyer
Men's Squash Club
Full Blue – Boris Barbour, Nick Sarson
Ladies' Squash Club
Full Blue – Ruth Morgan
Men's Tennis Club
Half Blue – Simon Charlesworth, Andrew Goode, Mark Sopher
Ladies' Tennis Club
Half Blue – Wendy Harris, Janet Neal

M.C.E. Hutchison
Hon. Sec. Blues Committee

Hospital Information

PASS LIST

It has come to our notice that we did not publish the Pass List for Finals in June this year. The following students qualified M.B., B.S. (London) in June 1986

Barnes, Ms. S. J.
Barry, C. L.
Beck, R. O.
Beer, Ms. N. R.
Blakey, R. T.
Blanchard, T. J.
Brown, I. M. C.
Brown, P. M.
Cahn, A. P.
Carr, D. M.
Cattell, Ms. C. A.
Chapman, Ms. W. A.
Chin, C. A.
Chowdhury, R. S.
Clift, S.
Cook, G. J. R.
Cook, Ms. H. A.
Cottee, M. A.
Cousins, P.
Cranston, I. C. P.
Craze, Ms. J. L.
Davies, D. S. T.
Denton, C. P.
Dumbrell, Ms. M. T.
Edmunds, Ms. C. J.
Edwards, J. R.
Evans, Ms. J. A.
Ferrari, M. R.
Freedman, Ms. S. A.
Ghosh, P. P.
Goodall, J. R.
Gower, S. N.
Hain, R. D. W.
Hall, Ms. M. R.
Harriss, D. R.
Haskell, S. J.
Henshelwood, Ms. J. A.
Heyes, Ms. C. B.
Ho, W. T. V.
Hodgkiss, A. D.
Holland, Ms. M. E.
Hornung, Ms. E. A.
Hotton, T. H. E.
Howard, Ms. J. C.
Howell, Ms. J. A.
Jenkins, I. H.
Jennings, P. J. F.
Jennings, R. S.
Khan, P. S.
Kwan, D. K.-Y.
Lamacraft, Ms. G.
Latimer, J. A.
Little, Ms. F. A.
Little, J. P.
Loukota, R. A.
Macfarlane, N. D.
Maini, K. M.
Malcolm, Ms. J. M.
Mardon, Ms. J. M.
Marsh, Ms. D. F.
Marsh, M. J.
May, Ms. S. D.
Maynard, N. D.
Mead, A. G.
Milner, Ms. A. A.
Murphy, C. F.
Nagpaul, Ms. S.
O'Brien, C. J.
O'Flynn, D. R.
Patel, S. R.
Paterson, Ms. H. M.
Peebles, D. M.
Powell, Ms. K. I.
Rahi, Ms. J. S.
Read, P. J.
Robinson, G. T. M.
Robinson, J. N.
Sadler, G. M.
Sampson, S. A.
Saund, N. S.
Scoones, Ms. A. V.
Seale, J. R. C.

Seaton, Ms. Y. C.
Smith, Ms. C. H.
Smith, G. C.
Spence, J. A.
Sutin, D. G.
Tanna, S. N.
Taylor, C. B.
Thangarajasingam, V.
Thexton, Ms. P. J.
Toh Khay Chuan
Townsend, Ms. A. J.
Twitchett, M. J.
Walker, Ms. A. E.
Webb, A. T.
White, Ms. J. S.
Wollaston, Ms. S.
Wou, Ms. P. C.-S.

The following student qualified LRCP MRCS in April 1986

Duckworth, S. C.

The following students qualified M.B., B.Chir. (Cambridge) in July 1986

Henderson, Ms. A. F.
Witherington, Ms. E. M. A.

The following students qualified B.D.S. (London) in July 1986

Abrahams, B. J.
Baldwin, P. A.
Banks, L. A.
Bryan, Ms. R. A. E.
Calver, N. P.
Cass, Ms. H. J.
Chen, J. L. L.
Collinson, W. M.
Croucher, N. A.
Davies, Ms. C. A.
Dubet, M. J. P.
Flavell, R. P.
Handa, S.
Hannington, D. S.
Harris, A. P.
Howard, Ms. N.
Iffland, Ms. T. J.
Kabra, Ms. S.
Kelly, P. T.
Kurer, Ms. A. R.
Law, Ms. A. V.
Leeves, Ms. M. A.
Leeves, Ms. S. J.
Meharg, G. C.
Mindak, Ms. M. T. M.
Norris, J. P.
Owen, Ms. C. S.
Owen, S.
Parsons, Ms. E. N.
Ribbons, A. E.
Richardson, S.
Saksena, A.
Yap, C. T.
Yeung, Ms. S. W. J.
Yiu, Ms. O. E.

The following students who transferred to Guy's from the Royal Dental in January 1986, qualified B.D.S. in July 1986

Burgess, Ms. S. L.
Jarzabek, Ms. D. K.
Lau Kit Yee, Ms. A.
Morgan, R.
Muhairez, N.
Muhammad, J. K.
Nandhra, I. S.
Salehi, Ms. S.
Whitlock, J. R.

PAPERS BY GUY'S PEOPLE

Adams, A. P. and others. Halothane and the liver (Letter). *British Medical Journal* 1986 *29*, 1023.

Adinolfi, M., Chase, D., Fenson, A. H., Marsh, J. and others. Transplantation of fetal fibroblasts and correction of enzymatic deficiencies in patients with Hunter's or Hurler's disorders *Transplantation* 1986 *42*, 271-274.

Balfour-Lynn, L. Growth and Childhood Asthma. *Archives of Diseases of Childhood* 1986 *61*, 1049-1055.

Bobrow, M. Heterochromatic chromosome variation and reproductive failure *Experimental and Clinical Immunogenetics* 1985 *2*, 97-105.

Bobrow, M., Benham, F., Boswinked, E., Cole, C., Hark, K., Hodgson, S., Johnson, L., Walker, A. and another. Analysis of deletions in DNA from patients with Becker and Duchenne muscular dystrophy *Nature* 1986 *322*, No:6074 73-71.

Calver, D. and others. Histopathology of mitochondrial cytopathy and the Laurence-Moon-Biedl syndrome *British Journal of Opthalmology* 1986 *70*, 782-796.

Cameron, J. S. and another. Treatment of end-stage renal failure due to diabetes, in the United Kingdom 1975-1985 *The Lancet* 1986 *II*, 962-966.

Cerio, R, Dupuy, P. F, Allen, M. H. and MacDonald D.M. Monoclonal antibody labeling of mononuclear cell surface antigens in formaldhyde-fixed paraffin-embedded cutaneous tissue *Journal of Investigative Dermatology* 1986 *87*, 499-503.

Cerio, R, MacDonald, D. M. Effect of Coutive paraffin wax processing on cell membrane immunoreactivity in cutaneous tissue. *Journal of Clinical and Laboratory Immunology* 1986 *20* 97-100.

Chantler, C., Rigden S. P. A. and others. Assessment of renal function *American Journal of Kidney diseases* 1986 *7*, 347-349.

Clarke (and others. The female Life-span. *Journal of the Royal College of Physicians of London* 1986 *20* (4) 290-293.

Cochrane, G. M. Steroids in asthma – an overview *Research and Clinical Forums* 1986 *8*, (2) 7-10.

Coleman, R. F. New ideas in cancer treatment *Cancer Topics* 1986 *6*, 17.

Gillies, H. C., Rogers, H. J. and others. Pharmacokinetics of single and multiple doses of flusoxolal (R031-1411) in healthy subjects. *European Journal of Clinical Pharmacology* 1986 *31*, 113-115.

Gregson, N. and others. Immunological relationship between ademyelinating RNA. Enveloped budding virus (semlika forest) and brain glycolipids *Journal of the Neurological Sciences* 1986 *76*, 91-103.

Henry, J. A. and Cassidy, S. L. Fatal poboring and membrane stabilizing activity. (Letter) *Lancet* 1986 *2*, 919.

Holt, D. W. and others. Blood cyclosporin concentrations and renal allograft dysfunction *British Medical Journal* 1986 *293*, 1057-1059.

Holt, P., Najm, J. and Sowton, E. The acute haemodynamic effects of guinaril, a new non-sulfhydryl angiotensin converting enzyme inhibitor in patients with severe congestive cardiac failure *European Journal of Clinical Pharmacology* 1986 *31*, 9-14.

Holt, P. Brennand-Roper, D., Curry PVL and Maisey, M. N. Can the site of origin of ventricular extrasystoles enhance the localisatio of exercise induced ischaemia? *International Journal of Cancer* 1986 *13*, 185-200.

Horn, C. R. Compliance by asthmatic patients – how much of a problem? *Research and Clinical Forums* 1986 *8*, (2) 47-53.

Keeble, M. and Weioman, J. Immediate and delayed recall of information presented in a live and televised lecture *Medical Education* 1986 *20*, 281-285.

Keen, H. Letter (reply to What's in a name?) *Diabetic Medicine* 1986 *3*, 46.

Koyma, R. and another. Yolk protein induction in males of several drosophila species *Insect Biochemistry* 1986 *16*, 263-271.

Lumsden, A. G. S. and another. Chemotropic effect of specific target epithelium in the developing mammalron nervous system. (Letter) *Nature* 1986 *323*, 538-539.

McCance, D. J. and another. Risk of transmission of human papillomavirus by vaginal specula (Letter) *Lancet* 1986 *2*, 816-817.

MacDonald, A. and another. The effect of non-response bias on the results of two-stage screening surveys of psychiatric disorder. *Social Psychiatry* 1986 *21*, 182--186.

MacDonald I. General Debate: Salt, a risk factor in hypertension *Proceeding of the Nutrition Society* 1986 *45*, 273-287.

Mak, R. H. K., Turner, C., Thompson, T., Haycock, G. and Chantler, C. The effect of a low protein diet with amino acid/keto acid supplements on glucose metabolism in children with Uremia *Journal of Clinical Endocrinology and Metabolism* 1986 *63*, 985-989.

Mason, C. Duodenogastic reflux in rat gastric carcinoma *British Journal of Surgery* 1986 *73*, 801-803.

Masters, N. Nebulised pain relief for children (letter) *Archives of Diseases in Childhood* 1986 *61*, 1142.

Mims, C. A. Interactions of viruses with the immune system *Clinical and Experimental Immunology* 1986 *66*, (1) 1-16.

Murphy, E., Lindesay, J. and another. 60 years of suicide in England and Wales *Archives of General Psychiatry* 1986 *43*, 969-976.

Murray, K. Retroperitoneal tumours and fibrosis *Surgery* 1986 *1*, 868-871.

Nisbet, A. P., Shaw, P. J., Blackford, N., Edwards, S., Fogelman, I., Layarus, C., Maisey, M. N. and Mashiter, G. A single plasma sample method to assess disease activity in patients with bone metastases form carcinoma of the prostate *British Journal of Urology* 1986 *58*, 545-548.

Panayi, G. S. Rheumatod Arthritis and tuberculosis (letter). *Lancet* 1986 *2*, 816.

Pellegrini, A., Ledingham, S. J. M. and Deverall, P. B. Pseudo-aneurysm formation complicating the rastelli procedure *International Journal of Cancer* 1986 *13*, 246-248.

Ratcliffe, G. E., Fogelman, I., and Maisey, M. N. The evaluation of radio-iodine therapy for thyroid patients using a fixed-dose regime *British Journal of Radiology* 1986 *59*, 1105-1107.

Rees, P. J. Do medical students learn from multiple choice examinations? *Medical Education* 1986 *20*, 123-125.

Seller, M. J. Neural tube defects and sex radios (letter) *Lancet* 1986 *2*, 227.

Seller, M. J. and Perkins, K. J. Effect of mitomycin C on the neural tube defects of the curly-tail mouse *Teratology* 1986 *33*, 305-309.

Seller, M. J. and another. Neural tube defects: heterogenity and homogeneity *American Journal of Medical Genetics* Supplement 1986 *2*, 77-87.

Seller, M. J. and other. Recurrent neural tube defects; risk factors and vitamins *Archives of Diseases in Children* 1986 *61*, 440-444.

Taylor, P. R., Rowe, P. H., Mason, R. C. and Owen, W. J. Rectal mass of prostate origin; a possible trap for general surgeons *British Medical Journal* 1986 *293*, 1159.

Welsh, K. I. and others. Antinucler antibodies in the relatives and spouses of patients with systemic sclerosis *Annals of the Rheumatic Diseases* 1986 *45*, 793-799.

DEATH

HORNIBLOW, Arthur, M.B., B.S. Qualified 1958. Died Canberra, 11 August 1986.

CHANGE OF ADDRESS

ROWLANDS, Professor Brian J., "Ballycairn", 10 Mill Road, Drumbo, BT27 5TT, Co. Down, Northern Ireland. Telephone 023-126-333.

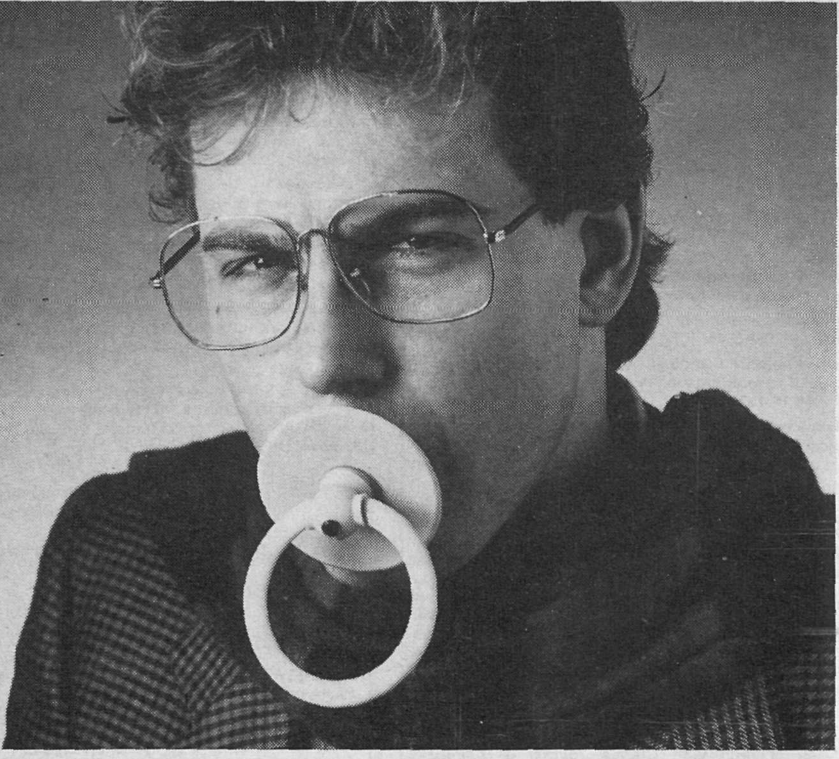
SEARLE, David, 41 Trull Road, Taunton, Somerset, TA1 4QN.

THORNE, Alison M. C. (née Healy), 2B Rome Court, Realty Gardens, 41 Conduit Road, Hong Kong. Telephone 5-474849.

PERSONAL

CHELSEA. An Assistantship with a definite view to Partnership will shortly occur for a personable and ethical colleague in this old established and exclusive 100 percent private practice with massive goodwill. The Partners have in mind a graduate of about 5 years' standing who wishes to practise good class general dental surgery. It is not essential to undertake orthodontics but a high level of competence in crown and bridge work is desirable. Selections for initial interview when further details will be given will be by curriculum vitae. We have our own personal code, so if you think you fit the bill, please write to: The Partners, London SW1W 8BL.

YOUNG ASSOCIATE wanted for Guy's dental practice in Ipswich. With a view to expense sharing associateship. Traineeship if needed. Tel: Ipswich 58557 (day); 53409 (evening).

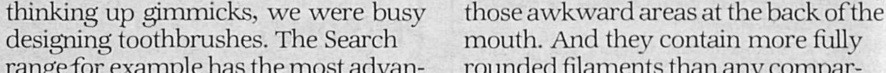


One toothbrush treats you more seriously than others.

While other companies were thinking up gimmicks, we were busy designing toothbrushes. The Search range for example has the most advanced features. They are preferred by the vast majority of dentists.* Each has a straight handle with a broad contoured grip for better brushing control. Their long slim necks and ultra compact heads make it easy to clean where others can't, even reaching those awkward areas at the back of the mouth. And they contain more fully rounded filaments than any comparable toothbrush. Sensodyne make the most comprehensive range of toothbrushes available. There's one to suit the needs of ALL your future patients.

Stafford-Miller Ltd., Hatfield,
Hertfordshire AL10 0NZ.

*Annual Dental Survey 1983.



SENSODYNE SEARCH

THE ULTIMATE IN BRUSHING PERFORMANCE.